

Membership Transfer Request

Personal Information

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| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Phone: |  | Email: |  |

**Please transfer our membership to St. Timothy’s from:**

|  |  |  |  |
| --- | --- | --- | --- |
| Church Name: |  | | |
| Address (if known): |  | | |
| City, ST |  | Zip: |  |
| Date last attended |  | Member there since: |  |

**Please indicate to the best of your knowledge the names as they appear in the Register of your former church, along with dates of birth and baptism/confirmation:**

Full

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Baptism/Confirmation Date |
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Please drop this form off in the office or email to [nikki.omalley@gmail.com](mailto:nikki.omalley@gmail.com). We will contact you when we receive a response from your previous church. If you have any additional comments or questions, please let us know here: