



**Names of your non-baptized family members:**

1. \_\_\_\_\_  
Date of birth (month/day/year): \_\_\_\_\_  
 Spouse    Son    Daughter
2. \_\_\_\_\_  
Date of birth (month/day/year): \_\_\_\_\_  
 Spouse    Son    Daughter
3. \_\_\_\_\_  
Date of birth (month/day/year): \_\_\_\_\_  
 Spouse    Son    Daughter
4. \_\_\_\_\_  
Date of birth (month/day/year): \_\_\_\_\_  
 Spouse    Son    Daughter
5. \_\_\_\_\_  
Date of birth (month/day/year): \_\_\_\_\_  
 Spouse    Son    Daughter
6. \_\_\_\_\_  
Date of birth (month/day/year): \_\_\_\_\_  
 Spouse    Son    Daughter

**Transfer of membership from/to churches within the USA/Canada will take three to six months to complete. Transfer of membership from/to overseas churches takes approximately one year (depending on the country); if our church receives no reply from the overseas church, you and your baptized family members will be accepted by Profession of Faith.**

**If you have any questions in reference to the status of your transfer, please call me at (626) 915-7819.**

**Thank you for choosing the West Covina Hills Church to be your home church!**



SCC-10/17/07-ad

**West Covina Hills SDA Church**  
Celeste Mercy, Church Clerk

**Request for a Transfer of Membership**

Name/Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number/Home: \_\_\_\_\_  
Telephone Number/Work: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of the church where you were baptized: \_\_\_\_\_  
Date of baptism: \_\_\_\_\_ Date of birth(month/day/year): \_\_\_\_\_  
I would like to request transfer of membership from: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Please request transfer of membership for the following baptized members of my family:

Name/Relationship: \_\_\_\_\_  
 Spouse    Son    Daughter

Name of the church where you were baptized: \_\_\_\_\_  
Date of baptism: \_\_\_\_\_ Date of birth(month/day/year): \_\_\_\_\_  
I would like to request transfer of membership from: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Name/Relationship: \_\_\_\_\_  
 Spouse    Son    Daughter

Name of the church where you were baptized: \_\_\_\_\_  
Date of baptism: \_\_\_\_\_ Date of birth(month/day/year): \_\_\_\_\_  
I would like to request transfer of membership from: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Name/Relationship: \_\_\_\_\_  
 Spouse    Son    Daughter

Name of the church where you were baptized: \_\_\_\_\_  
Date of baptism: \_\_\_\_\_ Date of birth(month/day/year): \_\_\_\_\_  
I would like to request transfer of membership from: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_