

**POTOMAC CONFERENCE CORPORATION
INTERNATIONAL CHURCH REQUEST FORM - TRANSFERS**

Name of International Church: _____	Organization Type: _____
Address of International Church: _____	Country: _____
City, State, Zip Code: _____	
Clerk's Name: _____	
Clerk's Phone Number: _____	
Clerk's Email address: _____	

TRANSFERRING MEMBER INFORMATION

Name of person transferring: _____	Date of birth: _____
Church requesting: _____	Phone number: _____
Pick one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow	Email address: _____
Pick one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptismal Date: _____
Address: _____	Transferring: <input type="checkbox"/> IN <input type="checkbox"/> OUT
City, State, Zip Code: _____	

THIS FORM MUST BE COMPLETED BY THE CLERK/MINISTER REQUESTING INTERNATIONAL TRANSFERS (WHETHER IT BEING IN OR OUT)
THIS FORM MUST BE FILLED OUT AND BE SENT TO THE CONFERENCE OR SUBMITTED IN EADVENTIST.

Potomac Conference
606 Greenville Avenue
Staunton, VA 24401

PC2 / CEDA
5203 Manchester Drive
Temple Hills, MD 20748

301-899-0012
540-886-0771
conferenceclerk@pcsda.org

Fax: 540-886-5734