

**INTERNATIONAL MISSIONARY SOCIETY
OF THE SEVENTH-DAY ADVENTIST REFORM MOVEMENT**

CHURCH MEMBERSHIP LIST
(SENT TO FIELD IN JANUARY AND JULY OF EACH YEAR)

Local Church of _____

Date _____

No.	Name/Address/Phone	Date of Birth	Date of:	Date Accepted in Local Church	Date Left Local Church
			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death
			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death
			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death
			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death
			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death
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			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death
			<input type="checkbox"/> Baptism <input type="checkbox"/> Acceptance		<input type="checkbox"/> Transfer <input type="checkbox"/> Disfellowship <input type="checkbox"/> Resignation <input type="checkbox"/> Death

Total Membership _____

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Church Secretary's Name _____

Signature _____