CERTIFICATE OF TRANSFER

	Date
To the	Monthly Meeting,
Address	Postal Code
ber of this monthly meetir	OF TRANSFER has been requested by a memng who now resides in your area. We have given st, and, no obstruction appearing, we recommend
remain with love your frie	to your Christian care and nds.
·	by the Monthly Meeting,
Address	
enclosure: ACCEPTANCE	e of monthly meeting clerk or of a membership records clerk) E OF TRANSFER form, PARTIALLY filled in by ete the form and return it to us will the transfer be
	TANCE OF TRANSFER
	Date
To the*	Monthly Meeting,
Address*	Postal Code*
•	ı that your CERTIFICATE OF TRANSFER
	k, who now
resides within our area, wa	as read and accepted by our monthly meeting on
(date)	
On behalf of the*	Monthly Meeting,
Address*	Postal Code*
(Signatur	e of monthly meeting clerk or of a membership records clerk)

^{*}Monthly meeting clerk preparing transfer certificate should fill in these blanks before sending the form to the new meeting.