

Southeastern California Conference
Office of Education

Church Membership Verification Form

Name:	
Previous/Maiden Name:	
Church Where Membership is Held:	
<i>*If church not within SECC, which conference?</i>	
Membership by:	<input type="checkbox"/> Baptism <input type="checkbox"/> Profession of Faith
Pastor's Name:	
Form Completed by:	
Date Form Completed:	

**If your membership is not within SECC please have your church provide a letter of verification stating that you are currently a baptized member in good standing.*

Office Use Only:

<i>Membership Verified by:</i>	
<i>Date Membership Verified:</i>	

Return this form to:
SECC Office of Education
P.O. Box 79990 Riverside, CA 92513-1990
951-509-2307
(fax) 951-509-2392