**SDA Membership Transfer Form**

*We are delighted that you have decided to make Capitol Hill SDA Church your home*

**Name:**

**Date:**

**Home Address:**

**Phone Number (c) (h):**

**Email Address:**

**Transferring From:**

**Transferring To:**

*We welcome you to our Church family and look forward to working with you in ministry!*

*Pastor: Dr. Emil D. Peeler*

*Assistant Pastor: Ishmael Wade*

*914 Massachusetts Ave. NE*

*Washington, DC 20012 (202) 543-1344*