EAST CARIBBEAN CONFERENCE OF SEVENTH-DAY ADVENTISTS
MEMBERSHIP LISTING

NAME OF CHURCH: _____ ISLAND: _____ PASTOR: _____ DATE: _____

No.	Name (PLEASE PRINT) Last First Middle In.	Address	Tele. No	Sex	Date of Birth (d/m/yr)	Marital Status	Membership Status							
							Active			Inactive				
							Date of Baptism (d/m/yr)	Profession of Faith	Letter of Transfer	Migrated	Missing	Shut-in	Irregular	Violation of Church Principles