Denominational Transfer	Application	١			
Name:			_ Age:	Age:	
Spouse's name:					
Address:					
City:		State:	Ph	one:	
List the previous denominations	in which you	have served:			
Denomination		Years		Supervisor	
State the purpose for leaving you	ır present dene	omination:			
Briefly state your purpose for ma	aking applicat	ion to The Chr	istian and M	lissionary Alliance:	
Have you been ordained? Y	ES	NO (Pleas	e circle one.	)	
What religious body ordained yo	u?				

Date:	Place:				
(Please attach a copy of your conse		along with application.)			
Do you understand that should you Missionary Alliance, it will be nec prescribed by the C&MA Manual?	essary for you to complete the rec				
List the schools you have attended:					
School	Years	Certificate/Degree			
(Please attach a copy of a transcrip	ot of credits from your last school	record.)			
Have you taken an Alliance polity	course? YES NO (Plea	se circle one.)			
Do you agree to submit to the phile	osophy of church government wit	thin the C&MA? YES NO			
Are you willing to support the poli	icies and procedures of the C&MA	A? YES NO			
List names and addresses of person	ns we may contact for reference:				
Last supervisor:					
Email:	Phon	e:			
Elder/last church:					
Email:	Phone	e:			
An Alliance friend:					
Email:		e:			
Other/Your Choice:					
Email:		e:			

(Signature) (Date)