

Southeastern California Conference
Human Resources Department

Church Membership Verification Form

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

Membership Verified by:	
Date Membership Verified:	

Return this form to:
SECC Human Resources Dept. Attention: Brooke Hess
P.O. Box 79990 Riverside, CA 92513-1990
Brooke.hess@seccsda.org 951-509-2353 (Phone) 951-509-2395 (fax)