

# Adult Membership Transfer Request



**St. Bartholomew's Episcopal Church**  
16275 Pomerado Road, Poway, CA 92064  
Phone (858) 487-2159 Fax (858) 487-2324  
[office@stbartschurch.org](mailto:office@stbartschurch.org)

Please use this form if you are transferring your membership from another church. If, instead, you are joining a church for the first time, please use our 'New Member Information Form.'  
After printing this and filling it in, either fax it to us (at the number at top right) or send by mail. Thanks!

*We're delighted that you seek membership at St. Bartholomew's. We look forward to including you in our life and ministry, sharing God's love. If you are transferring membership from another church, tell us its name and we'll arrange for a standard letter of transfer from your previous church. The Rev. Cole Gruberth, one of our other clergy, or I would love to answer your questions. Our phone number is 858-487-2159.*  
*We welcome you!* ... The Rev. Fred Thayer, Rector

Your Name (First/MI/Last) \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Your Address (street/city/zip) \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of baptism (mm/dd/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (approx. date is fine)

Church where baptized (name and location) \_\_\_\_\_

Denomination: \_\_\_\_\_

*For members transferring from another Episcopal parish:*

Church name \_\_\_\_\_ Diocese \_\_\_\_\_

Address/City/State \_\_\_\_\_

Date of Confirmation (or reception by Bishop): \_\_\_\_\_

*For members transferring from another Protestant or Catholic church:*

Previous church name \_\_\_\_\_

Address/City/State \_\_\_\_\_

(We will ask your former church for its standard letter of transfer.)

I would like to volunteer in the following ministries (see our website for more information on ministries):

---

---