



ADDRESS CHANGES

District _____ Report Date _____

Please send this information to the office of the General Secretary, P.O. Box 850, Joplin, Missouri 64802

Name _____ Account Number _____

Ordained Licensed Specialized Exhorter Entry

Old Address _____
(Street) (City) (State) (Zip)

New Address _____
(Street) (City) (State) (Zip)

(Email) (Phone)

If Pastor _____
Church Address

Name _____ Account Number _____

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Old Address _____
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