



Received into  
Professing  
Membership

NAME

ADDRESS

CHURCH

CITY

STATE

HOW RECEIVED

DATE

PASTOR



THE UNITED METHODIST CHURCH

# Certificate of Professing Membership

*This Certifies That*

*was received this day as a professing member of*

Church

*at*

*and is therefore presented this token of recognition and Christian love.*

DATE

PASTOR

RECORD OF THIS RECEPTION SHALL BE POSTED  
PROMPTLY IN THE PERMANENT CHURCH REGISTER.

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