

## TRANSFER REQUEST

Date: \_\_\_\_\_

I (we) have been attending worship services at Emanuel Lutheran Church, 701 South First Street, Milbank, South Dakota, and would like to request a transfer of my membership to Emanuel at this time.

Thank you for the spiritual guidance and concern you have shown during my membership with you.

Please send a transfer of membership to:

**Emanuel Lutheran Church**  
**701 South First Street**  
**Milbank, SD 57252**

Please include any statistical information that is available.

Thank you.

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

### **Emanuel Lutheran Church Staff**

Pastor Keith Bicknase  
Paula Koch, Office Manager

605-432-9555