

New Member Report

Congregation: _____ Date: _____

Names of persons uniting with congregation. Please indicate the way each were received. B= Baptism; L= Letter; R= Reaffirmation.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form is also available online (www.ane-cob.org).

Please send a copy of this report to the District Office quarterly (April 1, July 1, October 1, January 1) if you would like the names of your new members printed in the District Newsletter.

Mail to: Atlantic Northeast District, 500 East Cedar St., Elizabethtown, PA 17022
Email to: kbernstein@ane-cob.org; Fax: 717-367-8737

If you would like this information included in the Messenger: Mail to: Diane Stroyeck, 1451 Dundee Ave., Elgin, IL 60120; Email to: dstroyeck@brethren.org