

# DIXMOOR APOSTOLIC HOUSE OF PRAYER

## Change of Address Form

Please complete all information below and return the form to Church Administrator.

**ADDRESS CHANGE DATE:** \_\_\_\_\_

**MEMBER FULL NAME:** \_\_\_\_\_

**MEMBER ACCOUNT NO. (IF KNOWN):** \_\_\_\_\_

**CURRENT MAILING ADDRESS:** \_\_\_\_\_

**NEW MAILING ADDRESS:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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