## SPIRITUAL ISRAEL CHURCH & ITS ARMY MOTHER/HONORARY MOTHER/D.O.Z TRANSFER RECOMMENDATION FORM

NAME:		AGE: _	D.O.B	
ADDRESS:		CITY/STAT	E:	
ZIP: P	HONE:	MARITAL S	STATUS:	
	ATTENDING CHURO	CH:	_	
PASTOR:			_	
ASST. PASTOR:			_	
ASST. PASTOR:			_	
CHURCH SECRETARY:			_	
	PERFOR	MANCE:		
ATTENDANCE:	EXCELLENT _	GOOD	FAIR	POOR
FINANCIAL REPORT:	ILHH	TITHES	_B. FUND	FEES
HOW	MANY CONSECUTIVE Y	YEARS IN ISRAEL?		
FOR CALLED MOTHERS:				
		EPTED RULES?		
DO YOU HAVE ANY VISAB	LE TATTOOS?		YES	NO
RULES READ BY:				
SIGNATURE OF CALLED S	ISTER:			
PASTOR COMMENTS:				

THIS FOR MUST BE COMPLETED BY PASTOR/SECRETARY AND SENT TO SUPERIOR MOTHER BY APRIL 30<sup>TH</sup> OF SUBMISSION YEAR!!! PLEASE SEND TO:

BR MO CLARA WILLIAMS 2520 S. ETHEL STREET DETROIT, MI 48217 313 386-8459 csmooth14@att.net

THANK YOU IN ADVANCE FOR YOUR ON-TIME RESPONSE CENTRAL MOTHERS BOARD