STEWARDSHIP COMMISSIONER APPOINTMENT / RESIGNATION

APPOINTMENT

NAME	BAPTISMAL NUMBER	PHONE NUMBER
ADDRESS	CITY / STATE	ZIP
To serve as ☐ District Stewardship Commissioner ☐ Congregational Stewardship Commissioner		
Jurisdiction Number / Name (District or Congregation)	Effective Date of Appointment	
This appointment is a: ☐ Replacement ☐ New appointment		

OPTIONAL INFORMATION

GENDER ☐ Male ☐ Female	AGE	# of Years a Church Member	Priesthood Office	Marital Status
OCCUPATION				

REQUIRED APPROVAL (Only One Required)

District Stewardship Commissioner Signature		Regional Stewardship Commissioner Signature	
Printed Name	Phone Number	Printed Name	Phone Number

RESIGNATION

NAME	BAPTISMAL NUMBER	PHONE NUMBER
ADDRESS	CITY / STATE	ZIP
Jurisdiction Number / Name (District or Congregation)	Effective Date of Resignation	

The resigning stewardship commissioner has been instructed to hand all information and materials pertaining to register number, Stewardship Commissioner report forms, mailing envelopes, etc., to the successor in office. Any unused receipts should also be given to the successor.

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Regional Stewardship Commissioner

FOR REGIONAL OFFICE USE ONLY

Date Received	Date Recorded
District SC notified of change	Congregational SC notified of change
Shelby Access Granted	Candidate's Stewardship Accounting Current?
Training conducted by	Stewardship Commissioner manual provided

Please mail completed form to:
Gulf States Region
672-A Azalea Road
Mobile, AL 36609