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