



APPLICATION FOR DIVISION STATUS/INDEPENDENT TRANSFER TO THE NORTH AMERICAN DIVISION

Personal Data

1. Name _____
 Family Name Given Names Spouse Given Names Maiden Name

Children _____ Date of Birth _____

2. Current Address _____
 Number Street Apt. Number

City _____ State _____ Zip Code _____

3. Date of Birth _____ Place of Birth _____
 Date of Marriage _____ Divorced _____ Date _____
 Date of entry to US/Canada _____

4. Social Security/Insurance # _____ US Citizen: Yes No Canadian Citizen: Yes No

5. First Denomination Employer in NAD _____
 Beginning Date of Employment in NAD _____

6. Current Employer _____
 Current Position _____

Educational Data

7. List your educational achievements & degrees etc. Give name and address of school and graduation dates.

a. Elementary _____

b. Secondary _____

c. College _____

d. Other _____

Denominational Employment Data prior to coming to North American Division (latest first)

8. Position Employing Organization Location Dates

Signature: _____ Date: _____ (May continue on back)

9. EMPLOYER: SEND COPIES OF ORIGINAL SERVICE RECORD & EMPLOYEE ELIGIBILITY VERIFICATION FORM (I-9) TO:

**NAD Secretariat
 North American Division
 12501 Old Columbia Pike
 Silver Spring MD 20904-6600 USA**

Telephone# 1 301/680-6459
 FAX# 1 301/680-6464

E-mail: Keri.Lindemann@nad.adventist.org.