





36 **Report of Transfer of Region, by Clergy no longer engaged in Ministry**

Minister's Name			
Address			
Home Phone		Cell Phone	
Email Address			
1. Do you wish to maintain standing as an ordained minister of the Christian Church ( Disciples of Christ)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. In what way is your work ministerial in purpose or character?			
3. Where is your local congregational membership? Describe your activities and/or offices:			
4. Describe Regional church related activities:			
5. How do you intend to fulfill your ordination vow to proclaim the "Good News of Jesus Christ?"			
6. List church related continuing education or study opportunities you have engaged in during the past year:			
Signature		Date	

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38 Please return to the Ministry Associate in the Springfield CCMA office at [jeni.ccma@gmail.com](mailto:jeni.ccma@gmail.com) or  
39 500 South Ave., Springfield, MO 65806.