

Request for Transfer of Membership Between Chapters or To/From Member-at-Large



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 Fax 816.891.9118
 E-mail membership@iaap-hq.org
 Website: www.iaap-hq.org

Date _____

Identification No. _____

Date Joined IAAP _____

Please transfer my membership:

Membership Classification (check one)

- Professional Student
 Associate Professional-Merited

From:

Chapter Name _____

Chapter No. _____

City/State _____

To:

Chapter Name _____

Chapter No. _____

City/State _____

Transferee
 Printed Name _____

I agree to adhere to all rules and regulations of the chapter to which I am transferring.

Transferee
 Signature _____

Work Address
 (street and number) _____

Home Address
 (street and number) _____

Work Address
 (city/state/zip) _____

Home Address
 (city/state/zip) _____

Acknowledged _____

Work Phone _____

Effective Date of Transfer _____

Home Phone _____

Headquarters Office _____

Fax _____

E-Mail _____

Instructions for Transferee Completion:

Complete form and e-mail or fax to IAAP Headquarters.
 E-mail or fax copy to respective Chapter/Division Treasurer.

Proper notification of transfer will be forwarded by Headquarters to Chapter and Division Treasurers.