

This form must be printed and sent to Department with the Member Data Forms(s)!

Membership Year: _____ Transmittal #: _____ Page _____ of _____
Unit Name: _____ Unit Number: _____ Date: _____
Contact Name (in case of issues): _____ Phone: _____
Address: _____

Transfer Member WITHOUT Dues

Use this form if current year dues were paid to previous unit.

MUST include COMPLETED MEMBER DATA FORM

	Member Name	Member Number	Previous Unit #	Previous State	New Unit #	Date Dues Were Last Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

FOR DEPARTMENT USE ONLY

Ck #: _____ Amount: _____ Amount Due: _____
Notes Overpayment Made - Credit: _____
Underpayment Made - Owed: _____ RM: _____