

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



10502 NW Ambassador  
 PO Box 20404  
 Kansas City MO 64195-0404  
 Tel 816.891.6600  
 Fax 816.891.9118  
 E-mail [membership@iaap-hq.org](mailto:membership@iaap-hq.org)  
 Website: [www.iaap-hq.org](http://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 Association Mbr at Lg  
 Chapter No. 299000  
 City/State \_\_\_\_\_

**To:**

Chapter Name NYSD Mbr-at-Lg  
 Chapter No. 215000  
 City/State New York State

Transferee Printed Name \_\_\_\_\_

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

Transferee Signature X

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.