

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



International Association of
Administrative Professionals®

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Date _____

ID Number _____

Date Joined IAAP _____

Please transfer my membership:

From:

_____ Chapter Name

Chapter Number _____

City/State _____

Signed:

❖Treasurer, Transferring Chapter

❖Treasurer of Chapter to which member has transferred

❖Treasurer's signature not required to/from member-at-large.

Acknowledged:

Effective Date of Transfer

Headquarters Office

INSTRUCTIONS FOR COMPLETION:

Transferee, complete form and forward to your respective Chapter or Division Treasurer.

Chapter or Division Treasurer forward completed form to Headquarters Office

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

Membership Classification: (check one)

Professional Student

Professional-Merited Associate

To:

_____ Chapter Name

Chapter Number _____

City/State _____

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

Signed:

Transferee (Please type or print)

Former Address (city/state)

New Address (street and number)

New Address (city/state/zip)

Bus Phone _____

Res Phone _____

Fax _____

E-Mail _____