

## CHAPTER MEMBER TRANSFER FORM

TO BE COMPLETED BY	THE CHAPTER SEC	RETARY THE MEMBE	R IS TRANSFERRING <u>FROM</u>
DIVISION	Baseball Basketball	Football Soccer	Softball Volleyball
TRANSFER FROM:			CHAPTER
TRANSFER TO:			CHAPTER
NAME:			TASO ID #:
PREVIOUS ADDRESS:			
NEW ADDRESS (if applica	ble):		
YEAR JOINED TASO:	YEAR J	OINED TRANSFERRING	-FROM CHAPTER:
DIVISION / RANKING:		LIFETIME POIN	TS (if applicable):
MEMBERSHIP APPLICATION CURRENT YEAR?	ON / POINT SUMMARY	SUBMITTED FOR THE	YES: NO:
Is member in good standir dues, state dues, and any			
If no, please submit inform	nation on a separate sh	eet.	
Instructions: Send origina member is transferring, wi			of the chapter to which the
COMMENTS:			
CHAPTER SECRETARY:			
SIGNATURE			
NAME PRINTED		DAT	TE .