

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



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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.