



LOCAL MEMBERSHIP TRANSFER FORM

MEMBER INFORMATION:

Name: _____ Membership #: _____

Local #(current local): _____ Telephone #: _____

Address: _____

Email: _____

LOCAL MEMBERSHIP TRANSFER:

We, the undersigned, hereby agree that the information above is correct and officially agree to the members request to transfer their membership from Local # _____ to Local # _____.

Member Signature

Date

New Local President Signature

Date

Witness Signature

Date

****Form must be forwarded to the NBAPC Membership Office for processing. ****