



American Turners

Society Membership Transfer Application

Member Information

Name: _____ National Card No: _____

Address: _____ City: _____ State: _____

Email: _____

Reason for Transfer Request: _____

Member Signature: _____

Original Society Information

Society: _____ District: _____

Applicant Status: Active Member Honorary Member Other: _____

Member in Good Standing? Yes No

Membership Transfer Recommended for approval? Yes No

President Signature: _____ Date: _____

New Society Acceptance

Society: _____ District: _____

Applicant is Approved for Transfer of Membership: Yes No

President Signature: _____ Date: _____

National Office Acceptance

Applicant's Transfer Request approved: Yes No Years Retained: _____

Processed By: _____ Date: _____