Application for In-State Transfer of Membership

Name:
National Number:       State Number:

**Current Address**:
Street:
City:       State:       Zip+4
Telephone number:
E-Mail Address:
**To the** **Enter the Demitting Chapter name** **Chapter**
I request to transfer from the **Enter the Demitting Chapter name** Chapter to the **Enter receiving chapter's name** Chapter.

**From the Enter the Demitting Chapter name Chapter:**Compatriot is a member in good standing of this chapter up to Click here to enter the date.
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Enter name of Demitting Chapter Secretary or Treasurer.

**To the Enter receiving chapter's name Chapter**

Compatriot is hereby accepted as a member of the **Enter receiving chapter's name** Chapter by transfer from the **Enter the Demitting Chapter name** Chapter.
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Enter the Receiving Chapter Secretary or Treasurer’s name

Record of Transfer

Compatriot has been transferred into the **Enter receiving chapter's name** Chapter effective Click here to enter a date.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Enter the NCSSAR Secretary’s name
Secretary, North Carolina Society of the Sons of the American Revolution

**Courtesy Copy to:**Demitting Chapter President
Receiving Chapter President
NCSSAR Treasurer
NCSSAR Secretary (Will make change to NSSAR Member Database)