

REQUEST FOR TRANSITION MEMBERSHIP STATUS

THIS FORM DOES NOT TRANSFER MEMBERSHIP TO ANOTHER CHAPTER

This form indicates intention to transfer to another chapter in near future – official transfer of membership must be completed online by your new chapter's membership chair.

MEMBER NAME _____ MEMBER # _____

Address _____

Current Chapter _____ Region # _____

- I plan to transfer my membership to _____ Chapter.
- I plan to transfer my membership to either Chapter-at-Large or Member-at-Large.
- I need a CAL/MAL Application form. I do not need a CAL/MAL Application form.
- At this time, I do not know where I will be transferring my membership.

Please sign below to indicate that:

1. I have read the conditions of a Transition Membership listed below.
2. I understand that if the transfer is not completed within 60 days after my renewal is due, my membership with Sweet Adelines International will be terminated.

Members Signature

Chapter Officers Signature