

UNITED STATES WOMEN OF TODAY TRANSFER FORM

Number	Last Name	First Name	New Mailing Address	City	St.	Zip	Mo.	Yr.
							Anniversary Date	

TRANSFER FROM

TRANSFER TO

CHAPTER NAME _____

CHAPTER NO. _____

CHAPTER NAME _____

CHAPTER NO. _____

STATE NAME _____

STATE NAME _____

REQUESTED BY _____

Member's Signature

SUBMITTED BY _____

Pres./Sec. Signature

TITLE _____

DATE _____

Chapter Processing: Send White and Canary Copies to State Organization. Pink copy for chapter records.
This transfer form must be submitted to the State Organization by the chapter in which the member is transferring into.