

TRANSFER FORM

CATHOLIC DAUGHTERS OF THE AMERICAS

NOTE: TO BE COMPLETED BY FINANCIAL SECRETARY OF COURT FROM WHICH MEMBER IS TRANSFERRING. MUST BE SIGNED BY REGENT AND FINANCIAL SECRETARY

_____, 20_____

THIS IS TO CERTIFY THAT

Print or Type:

(Miss) _____
I, (Mrs.) _____

Address _____ City _____ State _____ Zip _____

WAS ADMITTED TO MEMBERSHIP IN

Court _____ No. _____ City _____ State _____

ON _____, _____ (date joined)

SHE HAS PAID ALL INDEBTEDNESS UP TO _____
THIS TRANSFER CARD IS GRANTED BY:

_____, REGENT

_____, FINANCIAL SECRETARY

TO BE COMPLETED BY TRANSFERRING MEMBER:

Herewith is my transfer card from:

Court _____, No. _____

Requesting membership in Court _____ No. _____

Signature of transferring Applicant _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

TO BE COMPLETED BY FINANCIAL SECRETARY OF NEW COURT TO WHICH THE MEMBER TRANSFERS,
THE FINANCIAL SECRETARY OF THE NEW COURT SEND THE APPLICATION TO NATIONAL OFFICE:

RECEIVED IN COURT _____, NO. _____ ON _____, 20_____

FINANCIAL SECRETARY

PLEASE NOTE:

Original copy to be sent to the National Office

Send a copy the State

Keep a copy for your records

KINDLY SUPPLY information requested below

CATHOLIC DAUGHTERS OF THE AMERICAS

APPLICATION FOR

TRANSFER FORM

(name)

TRANSFER OF MEMBERSHIP FROM

COURT _____ NO. _____

CITY _____ STATE _____

TO:

COURT _____ NO. _____

CITY _____ STATE _____

(Signature of Regent)

IMPORTANT: TRANSFER FORMS ARE VALID ONLY FOR NINETY (90) DAYS FROM THE DATE ISSUED.

NOTE: The Financial Secretary shall forward this Transfer Form properly filled out to the National Office at 10 West 71st Street, New York, NY 10023 within five days after the transfer member is received into the Court.

Order #102 (Rev. 2002)