

# Transfer of Membership Between Chapters or To/From Member at Large



International Association of  
Administrative Professionals®

**World Headquarters**  
10502 NW Ambassador Drive • PO Box 20404 • Kansas City MO 64195-0404  
Tel 816.891.6600 • Fax 816.891.9118  
E-mail membership@iaap-hq.org • Web Site www.iaap-hq.org

Date \_\_\_\_\_

ID Number \_\_\_\_\_

Date Joined IAAP \_\_\_\_\_

Please transfer my membership:

**From:**

\_\_\_\_\_ Chapter Name

Chapter Number \_\_\_\_\_

City/State \_\_\_\_\_

Signed:

\_\_\_\_\_  
❖Treasurer, Transferring Chapter

\_\_\_\_\_  
❖Treasurer of Chapter to which member has transferred

\_\_\_\_\_  
❖Treasurer's signature not required to/from member-at-large.

Acknowledged:

\_\_\_\_\_  
Effective Date of Transfer

\_\_\_\_\_  
Headquarters Office

**INSTRUCTIONS FOR COMPLETION:**

Transferee, complete form and forward to your respective Chapter or Division Treasurer.

Chapter or Division Treasurer forward completed form to Headquarters Office

Proper notification of transfer will be forwarded by Headquarters to Chapter and Division Treasurers.

Membership Classification: (check one)

Professional                       Student

Professional-Merited               Associate

**To:**

\_\_\_\_\_ Chapter Name

Chapter Number \_\_\_\_\_

City/State \_\_\_\_\_

I agree to adhere to all the rules and regulations of the chapter to which I am transferring.

Signed:

\_\_\_\_\_  
Transferee (Please type or print)

\_\_\_\_\_  
Former Address (city/state)

\_\_\_\_\_  
New Address (street and number)

\_\_\_\_\_  
New Address (city/state/zip)

Bus Phone \_\_\_\_\_

Res Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_