KAPPA KAPPA IOTA REQUEST FOR TRANSFER OF MEMBERSHIP

CHAPTER PRESIDENT:
When a member of your chapter moves from your area, PLEASE complete the following form to facilitate a transfer of membership. Send completed form to:

KAPPA KAPPA IOTA NATIONAL HEADQUARTERS 1875 E 15TH ST **TULSA OK 74104-4610**

| OFFICE USE: | | |
|---------------|------|-------|
| Sent to/Date: | | _ |
| | | _ |
| | | |
| | | |

| Dear Kappas: | has recently moved to | Vour area | ic a val | ued member in |
|---------------------------------------|--------------------------|---------------------|----------|---------------------|
| good standing of our local chapter | · | • | | |
| membership chair would contact _ | | | | - |
| becoming an active member of a le | ocal chapter. Please pro | vide an opportunity | for | _to visit with your |
| chapter. We hope that | will be as big an asse | et to your chapter. | | |
| | In Kappa, | | | |
| | Chapter President | dent | | _ |
| Member's Name: | | | | |
| Current address: (list new address if | known) | | | |
| City/State/Zip: | | | | |
| Phone: () | Email: | | | |
| Please check: | | | | |
| Age: 20 - 40 | 61 - 80 | Retired | | |
| 41 - 60 | 81 - up | Employed | at | |
| | | | Scho | ool/Business |

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