NARFE Member Request for

Chapter Transfer

	Spouse's I.D. #
Name:	Name:
Address:	
	ional Headquarters to transfer chapter affiliation.
From Chapter #	NADEE Llas davisante no
To Chapter #	606 North Washington Street
Effective Date:	Alexandria, VA 22314-1914
Thank you.	
Signature	Spouse's Signature
-84 (02/08)	
	ARFE Member Request for
	antor Transfor
Ch	apter Transfer
NARFE I.D. #	•
NARFE I.D. # Name:	Spouse's I.D. # Name:
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NARFE I.D. # Name: Address:	Spouse's I.D. # Name: Address:
NARFE I.D. # Name: Address: This is to request and authorize Nati	Spouse's I.D. # Name: Address: ional Headquarters to transfer chapter affiliation.
NARFE I.D. # Name: Address: This is to request and authorize Nati From Chapter #	Spouse's I.D. # Name: Address: Address: ional Headquarters to transfer chapter affiliation. Send to: Member Records NARFE Headquarters
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