



MEMBERSHIP TRANSFER FORM
Boxes in red are required

This form should be used to transfer an organizational membership from one person to another.

Previous Member's Name:

Membership Number:

Expiration Date:

Chapter:

Please change this membership to:

Name:

Designation/Certification (CGMP, CMP):

Position/Title:

Company/Agency (abbreviations OK; no Acronyms)

Street Address:

City/State/Zip:

Preferred Telephone:

Please Indicate:

Preferred Fax:

Please Indicate:

Preferred Email:

Please Indicate:

Website: