

CHANGE OF CHAPTER REQUEST FORM

<http://www.sfi.org/>

Please use this form when transferring from one STARFLEET Chapter to another. By filling out and distributing this form to the people referenced below, you help facilitate a smooth transfer. If you have any questions, contact:

STARFLEET OPERATIONS
E-mail: ops@sfi.org

MEMBER INFORMATION

NAME:		SCC NUMBER:
MAILING ADDRESS:		
CITY:	STATE/PROVINCE:	POSTAL CODE:
COUNTRY:	TELEPHONE:	
E-MAIL:	CURRENT RANK:	

CURRENT CHAPTER INFORMATION

CHAPTER NAME:		REGISTRY NUMBER:
MAILING ADDRESS:		
CITY:	STATE/PROVINCE:	POSTAL CODE:
COUNTRY:	TELEPHONE:	
E-MAIL:		

FUTURE CHAPTER INFORMATION

CHAPTER NAME:		REGISTRY NUMBER:
MAILING ADDRESS:		
CITY:	STATE/PROVINCE:	POSTAL CODE:
COUNTRY:	TELEPHONE:	
E-MAIL:		

VERIFICATION SIGNATURE

By signing this form, the member of STARFLEET: The International Star Trek Fan Association, Inc. referenced in "Member Information" above, hereby attests to their interest to move their Primary Membership affiliation from the "Current Chapter" to the "Future Chapter" effective the date this request is received.

NAME:	SCC NUMBER:
SIGNATURE:	DATE:

DISTRIBUTION

Email this form to the following Personnel/Departments:

- Chapter CO
- Future CO
- Regional Coordinator
- Chief of STARFLEET Operations (ops@sfi.org)

FOR OFFICE USE ONLY