



**CLUB
MANAGEMENT
ASSOCIATION
OF AMERICA**

Chapter Transfer Request

Date of Transfer Request _____

CMAA Member's Name: _____ CCM CCE Other: _____

Membership Status: _____ Membership ID: _____

Previous Club: _____ Previous Chapter: _____

New Club: _____ Title: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Date of Birth: _____

New Home Address: _____

City/State/ZIP: _____

Phone: _____ Spouse: _____

Please send mail to my: Club Home

To be completed by the transferring member:

I would like to transfer to the _____ Chapter as provided in Article III, Section 6 of the CMAA Bylaws.

Signature of Transferring Member: _____

I have: Completed the form in its entirety.

Personally signed the request.

Sent to the new chapter's Managing Director/Secretary for approval and signatures.

To be completed by the new chapter's Managing Director/Secretary:

I certify that the above named is now a member of the _____ Chapter.

Printed Name: _____ Signature: _____

I have: Signed above.

Sent a copy to National Headquarters.

Sent a copy to the previous chapter's Managing Director/Secretary.

Note to the previous chapter's Managing Director/Secretary: Upon receipt of the signed transfer, please forward all membership records to the above signed chapter Managing Director/Secretary.