

## TRANSFER OF MEMBERSHIP – under age 16

I, \_\_\_\_\_ request that National Catholic Society of Foresters transfer my children's membership:

**From** \_\_\_\_\_  
COURT NAME AND NUMBER CITY, STATE

**To** \_\_\_\_\_  
COURT NAME AND NUMBER CITY, STATE

**Children's Names**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent'/Guardian's Signature** \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP EMAIL

**Please return to:** NCSF Outreach and Engagement Department - 320 S. School St., Mount Prospect, IL 60056

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