



National Association of Parliamentarians®

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MEMBERSHIP TRANSFER

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My current membership is recorded in:

State Association _____

Unit _____ MAL _____

Please transfer my membership to:

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Date _____ Signature _____

- Send this Membership Transfer form to:
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Independence, MO 64050-3850
- NAP will notify State President/Chairman

NOTE: IF TRANSFER IS *AFTER* NAP ANNUAL DUES COLLECTION, PAY STATE DUES PAYABLE TO THE "TRANSFER TO" STATE ASSOCIATION; SEND TO THE STATE ASSOCIATION PRESIDENT