



Transfer of Chapter Membership

(Rev. 01/22/08)

Date this form is submitted _____

IPSSA Member Name _____ Current Account _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

I declare that the above is true and correct. I agree to comply with IPSSA bylaws, standing rules and policies and procedures. I understand that liability insurance must be carried for all employees and that all subcontractors must carry a minimum of \$500,000 in liability insurance. Furthermore, I agree to submit to binding arbitration in all grievances with IPSSA.

Signature _____

Transfer membership effective (date) _____

Transfer from (chapter name) _____

Approved by:

Signature of chapter officer _____

Print name of chapter officer _____

Title of chapter officer _____

Date signed by chapter officer _____

Transfer to (chapter name) _____

Approved by:

Signature of chapter officer _____

Print name of chapter officer _____

Title of chapter officer _____

Date signed by chapter officer _____

Note: the member's account must be paid in full before the transfer can be processed.

White copy should be mailed to: IPSSA Management Company
P.O. Box 1617
Rocklin CA 95677-7617

Telephone 888-391-6012
Fax 888-391-6203

Yellow copy should be retained by the new chapter.

For IPSSA Management Company Use Only:

| Processed by | Date | New Account # |
|--------------|------|---------------|
| | | |