



# Transfer of Chapter Membership

(Rev. 9-6-07)

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  
7405 Greenback Lane #204  
Citrus Heights CA 95610-5603

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

Yellow copy should be retained by the new chapter.

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**For IPSSA Management Company Use Only:**

Processed by	Date	New Account #