CHAPTER AFFILIATION TRANSFER FORM

CHAPTER NAME _____
CHAPTER NUMBER _____
DATE SUBMITTED _____
SUBMITTED BY _____
EMAIL / PHONE _____

MAIL TO: NOW Chapter & State Dev.
1100 H Street NW
Suite 300
Washington, DC 20005

Member's Name	ID Number	Current Chapter #						New Chapter #					
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***** **More than 15 names to a chapter** must accompany documentation of member's request signed by the member-per Board policy*****													
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