

NARFE Member Request for
Chapter Transfer

NARFE I.D. # _____
Name: _____
Address: _____

Spouse's I.D. # _____
Name: _____
Address: _____

This is to request and authorize National Headquarters to transfer chapter affiliation.

From Chapter # _____
To Chapter # _____
Effective Date: _____

Send to: Member Records
NARFE Headquarters
606 North Washington Street
Alexandria, VA 22314-1914

Thank you.

Signature

Spouse's Signature

F-84 (02/08)

NARFE Member Request for
Chapter Transfer

NARFE I.D. # _____
Name: _____
Address: _____

Spouse's I.D. # _____
Name: _____
Address: _____

This is to request and authorize National Headquarters to transfer chapter affiliation.

From Chapter # _____
To Chapter # _____
Effective Date: _____

Send to: Member Records
NARFE Headquarters
606 North Washington Street
Alexandria, VA 22314-1914

Thank you.

Signature

Spouse's Signature

F-84 (02/08)