

NOTIFICATION OF TRANSFER

The member wishing to transfer branches is responsible for having this form completed and then forwarded to the National Office for processing. Any joining fees as advised by the new branch must be attached to this notification.

MEMBER WISHING TO TRANSFER

NAME: M'SHIP #:/.....

ADDRESS:

PHONE: EMAIL:

If you are changing your address, you must make sure you advise the National Office immediately.

REASON FOR TRANSFER

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.....

CURRENT BRANCH NAME

.....

ACCEPTANCE OF TRANSFER

.....
To be signed by current branch secretary

COMMENTS:

.....
.....

BRANCH WISHING TO TRANSFER TO

.....

ACCEPTANCE OF TRANSFER

.....
To be signed by new branch secretary

COMMENTS:

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.....

BRANCH JOINING FEE PAYABLE (if applicable): \$.....

To be completed by the new branch secretary

PLEASE SUPPLY THE NAMES OF PREVIOUS BRANCHES YOU HAVE BELONGED TO:

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DO YOU HOLD VERO INSURANCE UNDER THE VCC INSURANCE SCHEME YES / NO