

Application to Transfer Chapter Membership

Original School/Chapter Name: _____ Region: _____ ACURH

Original Chapter Email: _____ Original Chapter Phone: _____

New School/Chapter Name: _____ Region: _____ ACURH

New Chapter Email: _____ New Chapter Phone: _____

New Chapter Membership Cap: _____ Number of current Active members _____

Transfer Candidate Name: _____

Candidate Email: _____ Candidate Phone: _____

Candidate Induction Date: _____

Why is this candidate requesting to transfer membership to another chapter?

REQUIRED SIGNATURES:

Transfer Candidate Signature: _____

NRHH Chapter President Signature: _____

NRHH Chapter Advisor Signature: _____

Date Application Received: _____

Thank you for submitting this application for transfer membership recommendation. After careful consideration and review of this application a decision will be made and your chapter will be notified of the outcome. In the event that this person is authorized to transfer then an additional Active Member space will be filled within your chapter.

For Official Use:

Approved _____ Disapproved: _____ Date: _____

AD-NRHH Signature: _____ Region: _____