



Chapter LX, Special Forces Association
The Richard J. Meadows Memorial Chapter
 P.O. Box 6515
 MacDill AFB, FL 33608-6515
 sfalx@specialforces.org ~ www.specialforces.org/sfalx/



REQUEST FOR TRANSFER OF MEMBERSHIP

I, _____
 (Print Last Name, First Name, MI) (Social Security Number) (Membership Number)

do hereby request transfer of my membership to Command Chapter LX, The Richard J. Meadows Memorial Chapter of the Special Forces Association from Chapter and submit the following Information (Check here if an Association Life Member):

CHECK ONE OF THE FOLLOWING BOXES IF RENEWING AT THIS TIME:

() Enclosed is a check or money order payable to **Chapter LX, SFA**, in the amount of \$30.00 for a one year renewal of my membership. Note: Annual renewal is \$30.00 if paid **before** 30 January of each year.

() Enclosed is a check or money order payable to **Chapter LX, SFA**, in the amount of \$35.00 which includes a \$5.00 reinstatement fee along with the \$30.00 annual renewal fee. Note: Annual renewals are \$30.00 **after** 30 January of each year.

() Enclosed is a check or money order payable to **Chapter LX, SFA**, in the amount of \$400.00 for a lifetime membership. The \$400.00 fee applies to members in good standing only. For members not in good standing, the fee is \$435.00 of which \$400.00 is the life membership fee, \$30.00 for annual dues and \$5.00 for reinstatement.

Current mailing address: _____
 (Street number or P.O. Box)

 (City & State) (Zip + 4)

Home phone: (_____) _____ . **Work phone:** (_____) _____ .

Email address (important for newsletter delivery): _____ .

Date: _____ . **Signature:** _____ .

MAIL YOUR CHECK & THIS REQUEST TO: P.O. BOX 6515, MACDILL AFB, FL 33608-0515

FOR OFFICIAL CHAPTER USE ONLY

Date received: _____ . **Date Sent to SFA National:** _____ .

Check Number: _____ . **Approved:** _____ . **Date:** _____ .