



**LAY FRATERNITIES OF ST. DOMINIC
PROVINCE OF ST. JOSEPH**

TRANSFER REQUEST
(Please PRINT Your Responses)

TO BE COMPLETED BY MEMBER REQUESTING TRANSFER:

Name: _____ Religious Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Email: _____

Current Fraternity: _____
(Name) (City/State)

Fraternity #: _____ Region #: _____ Province East South Central West

Current Fraternity President: _____ Phone: (____) _____

Email address: _____

I am requesting a transfer to:

Fraternity Name: _____ Frat. #: _____ Region: _____ Province: _____

New Fraternity President: _____ Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip)

Email address: _____

Reason for Transfer: _____

Member's Signature: _____ Date: _____

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TO BE COMPLETED BY CURRENT FRATERNITY PRESIDENT AND SENT TO NEW FRATERNITY PRESIDENT:

Reception Date: _____

Temporary Date: _____

Final Profession Date: _____

Regular Attendance at Fraternity Meetings? Yes No - Explain: _____

Participation in Fraternity Activities and Apostolate: Yes No – Explain: _____

Elected to Council? Yes No

Council Offices Held: Fraternity – _____

Office

Number and Length of Term

Region _____

Province _____

Would you recommend this person for transfer? Yes No Why or why not? _____

Any other information that may be helpful?

Current Fraternity President Signature:

Date _____