

THETA CHI FRATERNITY TRANSFER OF MEMBERSHIP FORM

This is to certify that _____ was initiated as a member of Theta Chi Fraternity by _____ Chapter on _____.

He is in good standing with our chapter and we consider him a good member and a true brother of Theta Chi Fraternity. We recommend him for affiliation with any other chapter of Theta Chi Fraternity.

_____ President

_____ Secretary

_____ Treasurer

Date: _____

INFORMATION BELOW TO BE COMPLETED BY THE CHAPTER AFFILIATING MEMBER

By vote of the active membership, _____ has been affiliated by _____ Chapter.

_____ President

_____ Secretary

_____ Treasurer

Date: _____

NOTE: If for any reason, including unpaid accounts, the parent chapter *cannot* recommend a member for transfer, then this form *should not be completed*.

Membership Transfer will be recognized only when this form has been properly filled out and mailed to the International Headquarters (address below):

MAIL FORM TO: Theta Chi Fraternity International Headquarters
PO Box 503
Carmel, IN 46082