

ASSOCIATION OF DESK AND DERRICK CLUBS

MEMBER TRANSFER FORM

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Instructions: Page 1 is to be completed and signed by the President of the Club from which the Member is transferring.

Page 2 is to be completed and signed by the Member who is requesting the transfer.

MAIL TO:

(Club President)

(Club Transferring to)

(Club President's Address)

(City, State, Zip/Postal Code, Country)

PHONE #: (____) _____

FAX #: (____) _____

FROM: _____
(Club President)

(Club Transferring from)

(Club President's Address)

(City, State, Zip/Postal Code, Country)

PHONE #: (____) _____

FAX #: (____) _____

Effective Date of Transfer: _____

Date First Joined Desk & Derrick: _____

Member Number: _____

Member's Name: _____

Preferred Mailing Address: (O)____ (H)_____

Present Employer: _____

Home Phone: (____) _____

Office Address: _____

Home Address: _____

Office Phone: (____) _____

E-mail address: _____

This will verify that _____ is a member in good standing of

The _____ in Region _____.
(Club Name)

Signed: _____
(Club President)

Date: _____

MEMBER HISTORY INFORMATION

Member's Name: _____ Member Number: _____

Club Offices Held:	Club Name:
_____	_____
_____	_____
_____	_____
_____	_____

Are you willing to serve on a Club Committee? Yes _____ No _____

Regional Offices/Committees:	For Region #:
_____	_____
_____	_____
_____	_____

of Regional Meetings attended: _____ In which Regions? _____

Association Offices Held: _____

Association Committees:	Served As: (Chairman, Co-Chairman, Rep)
_____	_____
_____	_____
_____	_____
_____	_____

ADDC Conventions Attended:# _____

Hobbies, Special Interests and Talents: _____

Comments: _____

Signed: _____ Date: _____
(Transfer Member)