

INNER WHEEL NEW ZEALAND

MEMBERSHIP TRANSFER

NAME OF CLUB: _____

NUMBER OF DISTRICT: _____

NAME OF MEMBER: _____

POSITIONS HELD – CLUB:

POSITIONS HELD – DISTRICT:

THIS IS TO CERTIFY that _____

Has been a member of the Inner Wheel Club of _____

From _____ to _____

SIGNED

President

Secretary

NAME OF CLUB TRANSFERRING TO: _____

DATE: _____

A duplicate of this transfer form should be forwarded to the District Secretary where the Club member belongs, in order that no duplication of membership occurs. If the member is transferring to another District e.g. from DNZ298 to DNZ291 this transfer form will ensure that numbers remain correct within the country.