



Transfer/ Reinstatement Request

PBS-8 Form (Type or print legibly and complete entirely)

145 Kennedy Street, NW
Washington, DC 20011-5294
Phone: (202) 726-5424
Fax: (202) 882-1681
Email: membership@pbs1914.biz

This form is used for **1) members who wish to transfer from one chapter to another** and **2) members who are submitting dues to reinstate their membership.** It must be authorized by an officer of the chapter that the member wishes to transfer or reinstate **out of.**

PLEASE CHECK ONE:

- Transfer Reinstatement Both

COMPLETE THIS SECTION ENTIRELY

Member Name: _____ **Contact #:** _____
Pre. First Name M.I. Last Name Suf.

Address: _____
Street/ Box City ST Zip code

Current (or last known) chapter affiliation: _____

Membership Number: _____

Member Active Status: Active Inactive
If Inactive: Are you submitting dues with this form? Yes No

Region:

- Eastern Southeastern
 Gulf Coast Great Lakes
 Southern Southwestern
 Western

Chapter/ Date of Initiation: _____
Chapter of Initiation Initiation Date

Region:

- Eastern Southeastern
 Gulf Coast Great Lakes
 Southern Southwestern
 Western

IF TRANSFERRING, COMPLETE THIS SECTION

Please transfer my membership to the following chapter:

Region:

- Eastern Southeastern Gulf Coast Great Lakes Southern
 Southwestern Western

This section should be completed by a chapter officer of the requesting Brother's CURRENT chapter

Note* Chapter authorization is not required if transferring from a collegiate to an alumni chapter, however the form must still be completed and sent to Corporate Headquarters.

This form certifies that the request for the above Brother was acted upon and is thereby: Approved Not Approved

If not approved, reason? _____

Authorized By:

Officer Name: _____ Title: _____

Signature: _____ Date: ____/____/____ Contact # _____