

APPLICATION FOR WITHDRAWAL CARD

I, a member	Of Council	No.	
Roll No. City	State	, hereby	
make application to transfer my membership to	Council	No.	
State	Signed	Member's Signature	
Date	Street Address		
(Social Security No.)	City	State Zip	
I hereby certify that the above request for transfer was received by me an	d same has been granted as of _		
The above named member has been entered upon the books, Roll No.	of Council No	(Date)	
	SUPREME SI	SUPREME SECRETARY	