

## LODGE TRANSFER REQUEST FORM

I,	, member of SPJST L	odge wis	sh to transfer my
membership (certificate) from the above lodg	ge to Lodge as pro	vided for in the S	SPJST By-Laws.
Full Name	Date	e of Birth/	/
AddressStreet			
Street	City	State	Zip
Email Address	Phone	()	
Member's Signature (parent/guardian signature	e if member is under 18)		
Email form to: info@spjst.org or	r mail to: SPJST • PO Box 10	00 • Temple, TX 76	5503-0100
This section to be complete			
Lodge: The above named member has recreturn to the Home Office by email to info@sp			
	was accept	ed rejected	for membership
in Lodge at the meeting held on			
Lodge Officer's Signature			
Title			
Lodge Officer's Signature			
Title			
	Date		