

United Daughters of the Confederacy®
UDC CHAPTER to UDC CHAPTER TRANSFER FORM

Full name of transferee _____
APPLICANT'S FULL NAME *(first, middle, maiden, last)*

I, the undersigned, request that my current former UDC membership be transferred as follows:

From _____ Chapter number _____ UDC
Located at (city/state) _____

To _____ Chapter number _____ UDC
Located at (city/state) _____

Information below is obtained from approved Original Membership application or previous transfer form.

Date of registration by General of Original Membership application _____
OR

Date of transfer _____ from _____ Chapter number _____

Member's date of birth _____ Place of birth _____

Name of Confederate ancestor _____

Relationship of Confederate ancestor (e.g., great-grandfather) _____

Ancestor's Service to the Confederacy Military Service Civil Service Material Aid to the Cause

For Military Service _____
Full name of final unit; include company, battery, regiment, Field & Staff, battalion, brigade, ship, etc., as applicable

Artillery Cavalry Infantry Navy Other (specify above) _____ State of _____

Enlistment date _____ at _____ Rank _____

Final date of service _____ **OR** Last date of service _____

For **Civil Service or** **Material Aid** _____
Full description of service or aid rendered

Above information was obtained from copy of Original Membership application or previous transfer form in:

Chapter files _____
Signature of Chapter Registrar

OR
 Division files _____
Signature of Division Registrar

OR
 Transferring member's possession _____
Signature of member

If known, indicate the last year that General per capita tax was paid. _____

Permission is granted for others to use information from this transfer application: Yes No

Legal signature of member requesting transfer _____
Date

Address (number and street, city, state, and zip code + 4)

E-mail address (_____) _____
Telephone number

I certify that I have processed the above transfer.

Signature of outgoing Chapter Registrar or outgoing Division Registrar _____
Date

Transfer membership certificate requested. Check here if member transferring wishes a new membership certificate showing name of new Chapter. A check payable to *Treasurer General UDC* for the transfer membership certificate must be enclosed. See Fee Schedule in General Standing Rules for current fee.

Type or print name as you wish it to appear on membership certificate. _____

If applicable, date membership certificate issued by Business Office. _____

The receiving Chapter Registrar should mark the appropriate box below, if applicable.

Chapters Merging transfer

Chapter Disbanding transfer

Chapter Defunct transfer

Section below must be completed by the receiving Chapter and Division, the Business Office, and the Registrar General.

RECEIVING CHAPTER

Date transfer approved _____ Chapter roll number _____

Chapter number _____ UDC

Located at (city/state) _____

Signature of receiving Chapter Registrar

RECEIVING DIVISION

Date transfer approved _____ Division roll number _____

Division

Signature of receiving Division Registrar

GENERAL ORGANIZATION

Certification by Business Office: Business Office stamp _____ by _____

Last year transferee paid General per capita tax _____

Date transfer registered _____

Registrar General

Transfer forms must be neat and legible; must have original signatures; must only use black (preferred) or blue ink, whether computer-generated, typed, or hand-printed. It is recommended, but not required, that a photocopy of the Original Membership application be submitted with this transfer form for inclusion in the receiving Chapter's files. Transfers must be received by General within 6 months of the date of signature of member requesting transfer.