



*National Department of Sad Sacks
Member Transfer Form*

NAME OF MEMBER _____

ADDRESS _____

CITY/STATE/ZIP _____

PRESENT SACK UNIT NUMBER _____

ADDRESS OF SACK UNIT _____

CITY/STATE _____

NEW SACK UNIT NUMBER _____

ADDRESS OF SACK UNIT _____

CITY/STATE/ZIP _____

DATE OF APPROVAL (OLD SACK UNIT) _____

SIGNATURE OF SADDEST OR FEATHERS (OLD SACK UNIT)

SATE OF APPROVAL (NEW SACK UNIT) _____

SIGNATURE OF SADDEST OR FEATHER (NEW SACK UNIT)

REASON FOR TRANSFER _____

SEND 2 COPIES TO YOUR STATE DEPT.

TIM TUTTLE

314 E. BERKLEY AVE.

MUNCIE, IN. 47303-1214