

NSS Assembly/Circle Transfer Request Form



NSS Life
Family Matters...

I, _____ currently a member of Assembly or Circle _____

desire to transfer my membership to Assembly / or Circle _____

Address: _____

City/State/Zip: _____

Phone: _____

Signed: _____

Witness: _____

Date: _____

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FOR HOME OFFICE USE

\_\_\_\_\_  
Secretary-Treasurer/CFO

\_\_\_\_\_  
President/CEO

Date \_\_\_\_\_