



Transfer/ Reinstatement Request

PBS-8 Form (Type or print legibly and complete entirely)

145 Kennedy Street, NW
Washington, DC 20011-5294
Phone: (202) 726-5424
Fax: (202) 882-1681
Email: membership@pbs1914.biz

This form is used for **1) members who wish to transfer from one chapter to another** and **2) members who are submitting dues to reinstate their membership.** It must be authorized by an officer of the chapter that the member wishes to transfer or reinstate **out of.**

PLEASE CHECK ONE:

- Transfer Reinstatement Both

COMPLETE THIS SECTION ENTIRELY

Member Name: _____ **Contact #:** _____
Pre. First Name M.I. Last Name Suf.

Address: _____
Street/ Box City ST Zip code

Current (or last known) chapter affiliation: _____

Membership Number: _____

Member Active Status: Active Inactive

If Inactive: Are you submitting dues with this form? Yes No

Region:

- Eastern Southeastern
 Gulf Coast Great Lakes
 Southern Southwestern
 Western

Chapter/ Date of Initiation: _____
Chapter of Initiation Initiation Date

Region:

- Eastern Southeastern
 Gulf Coast Great Lakes
 Southern Southwestern
 Western

IF TRANSFERRING, COMPLETE THIS SECTION

Please transfer my membership to the following chapter:

Region:

- Eastern Southeastern Gulf Coast Great Lakes Southern
 Southwestern Western

This section should be completed by a chapter officer of the requesting Brother's CURRENT chapter

Note Chapter authorization is not required if transferring from a collegiate to an alumni chapter, however the form must still be completed and sent to Corporate Headquarters.*

This form certifies that the request for the above Brother was acted upon and is thereby: Approved Not Approved

If not approved, reason? _____

Authorized By:

Officer Name: _____ Title: _____

Signature: _____ Date: ____/____/____ Contact # _____