



CHAPTER TRANSFER REQUEST

DATE: _____ OAKS ID/SSN: _____

Name: _____

Address: _____

City, State & Zip: _____

County of Residence: _____

Phone: _____ Email: _____

FROM CHAPTER: _____ TO CHAPTER: _____

REASON:

Submitted By: _____

PRINT and SIGN

To ensure proper verification, JIAC will only accept transfer requests submitted directly by the member. Requests should be sent from the member's email on file with OCSEA to jiac@ocsea.org.