



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 / ZIP _____

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)

DATE OF APPROVAL (NEW SACK UNIT) _____

SIGNATURE OF SADDEST OR FEATHERS (NEW SACK UNIT)

REASON FOR TRANSFER _____

SEND COPIES TO YOUR STATE DEPT.

AND TO

THE NATIONAL SAD SACK
ADMINISTRATIVE DIRECTOR