

Independent Telecommunications Pioneer Association PETITION TO TRANSFER

Name			
Address			
Present Chapter/Clul	o Name & Number		_
Company Affiliation			
transfer my membersh	dependent Telecommunip to the following cha	unications Pioneer Association, I desire to pter/club:	
Chapter/Club Name			
		ne parent organization, but that my rementioned chapter/club.	
Signature		Member Number	
Routing Instructions	:		
Please send a copy of	this form to:		
` '	e e chapter/club you are e chapter/club you are	•	

ITPA National Office 438 W. Oglethorpe Hwy Hinesville, GA 31313 912-408-4872