



Chapter Transfer Request Form

First Name _____

Last Name _____

Control # _____
9- Digits (Please review for accuracy)

Current District _____

Current Chapter Name _____

Chapter Initiated _____

Initiation Date _____

Address

Street _____

City _____

State _____

Zip Code _____

E-Mail Address _____

Phone # _____

*****Please ensure that this form is filled out in its entirety. Omitting any information will not allow the transfer to go through. *****

Return this form to: krs@gammapi.org