Native Alliance of Québec Inc.



Community Transfer Request DUES OWED FOR 4 YEARS OR LESS

I, the undersigned (Name of member requesting a transfer)			
Registry no	from community #	Community name	
am requesting a transfer to	community #	of	
I confirm that this request is made of my own free will and that it is not made because of solicitation from another community.			
The reason for my transfer request is the following:			
Address			
Street address:		Residential telephone #:	
City:		Cellular #:	
Province:	Postal Code:	Email address:	
SIGNATURES			
Member signature:		Date:	
Existing community signatur	e:	Date:	
New community signature: _		Date:	
(Please note that this form can be membership in the community).	signed by either the Com	munity President or the person in charge of the	

Instructions

Please forward this completed form to your community. Please remember to pay your membership dues up to date with your old community before transferring to a new community.

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re:	Date:
	TIFICATION nature are mandatory.
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PLEASE ANNEX A COLOR PASSPORT PHOTO FORMAT (2 x 2 3 4) AND SIGN CLEARLY IN BLACK INK IN ONE OF THE RECTANGLES ON THE RIGHT-HAND SIDE. MAKE SURE DO NOT EXCEED THE LINES