

To:
The Membership Officer
SSAA Tasmania Inc.
PO Box 516
GLENORCHY 7010
Tasmania



REQUEST FOR TRANSFER OF SSAA BRANCH MEMBERSHIP

I _____

SSAA Membership No. _____

Wish to transfer my current SSAA membership from:

To:
SSAA T03 Glenorchy Branch Inc.

Signed _____ (Member)

Witness
(Name) _____

Witness
(Signature) _____

Witness
(SSAA No.) _____

Date _____ / _____ / _____