



# Transfer/ Reinstatement Request

PBS-8 Form (Type or print legibly and complete entirely)

145 Kennedy Street, NW  
Washington, DC 20011-5294  
Phone: (202) 726-5424  
Fax: (202) 882-1681  
Email: membership@pbs1914.biz

This form is used for **1) members who wish to transfer from one chapter to another** and **2) members who are submitting dues to reinstate their membership.** It must be authorized by an officer of the chapter that the member wishes to transfer or reinstate **out of.**

**PLEASE CHECK ONE:**

- Transfer     Reinstatement     Both

**COMPLETE THIS SECTION ENTIRELY**

**Member Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_  
Pre.      First Name                      M.I.      Last Name                      Suf.

**Address:** \_\_\_\_\_  
Street/ Box    City    ST    Zip code

**Current (or last known) chapter affiliation:** \_\_\_\_\_

**Membership Number:** \_\_\_\_\_

**Member Active Status:**  Active     Inactive  
*If Inactive: Are you submitting dues with this form?*     Yes     No

**Region:**

- Eastern     Southeastern  
 Gulf Coast     Great Lakes  
 Southern     Southwestern  
 Western

**Chapter/ Date of Initiation:** \_\_\_\_\_  
Chapter of Initiation    Initiation Date

**Region:**

- Eastern     Southeastern  
 Gulf Coast     Great Lakes  
 Southern     Southwestern  
 Western

**IF TRANSFERRING, COMPLETE THIS SECTION**

Please transfer my membership to the following chapter:

**Region:**

- Eastern     Southeastern     Gulf Coast     Great Lakes     Southern  
 Southwestern     Western

**This section should be completed by a chapter officer of the requesting Brother's CURRENT chapter**

*Note\* Chapter authorization is not required if transferring from a collegiate to an alumni chapter, however the form must still be completed and sent to Corporate Headquarters.*

**This form certifies that the request for the above Brother was acted upon and is thereby:**     Approved     Not Approved

If not approved, reason? \_\_\_\_\_

**Authorized By:**

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact # \_\_\_\_\_