

Member Transfer Request Form

Section 1

Member Name:	
Home Address:	
Business Name:	
Business Address:	
Home/Cell Phone:	
Personal Email:	
Business Email:	

Section 2

Member transferring from:	OPPI
Member transferring to:	API OUO MPPI SPPI APPI PIBC Int'l LPPAN
Current Member Type	<input type="checkbox"/> Full/Fellow <input type="checkbox"/> Candidate <input type="checkbox"/> Student <input type="checkbox"/> Public <input type="checkbox"/> Retired

Section 3

Have dues been paid for the current year (2026)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	

I certify to the best of my knowledge, belief, and understanding that the above declarations are correct. I authorize my primary PTIA to share above information with transferring PTIA

(Recipient Signature)

(Recipient Name)

(Date)

Primary PTIA Review

PTIA Rep. Name:	
Email:	
Phone:	
Additional Info:	