



FRONTIERSMEN CAMPING FELLOWSHIP

OFFICER PROCEDURES AND GUIDELINES



SECTION	SUBJECT
8.0 FORMS	8.17 Membership Transfer

Transferring Members Information (Please Print)

Name _____ Age _____ Birth Date _____

New Address _____

City _____ State _____ Zip _____

E-mail Address _____

Church _____ Section _____ Outpost# _____

Chapter Transferring FROM: _____

Chapter Transferring TO: _____

1. Membership

Active Inactive Dues Paid through: ____/____/____

2. Advancement

Frontiersmen Date of Adventure: ____/____/____

Buckskin Date of Ceremony: ____/____/____

Wilderness Date of Vigil: ____/____/____

FCF Name: (Buckskin/Wilderness ONLY) _____

3. Trappers Brigade

Current Trappers Brigade Level:

Company Trapper Bourgeois Free Trapper Free Trapper # ____ Pathfinder

Total Trappers Brigade Hours: _____

Number of Banked Hours: _____

Comments: _____

OFFICER COMPLETEING THIS FORM

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone _____

RECEIVING DISTRICT

Action Taken: _____ Date _____

Name _____ Title _____