



**Department of Idaho
Transfer Notice
8766 Rim RD
Nampa, ID 83686**

Name: _____

Membership #

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address:

Joining Name and Unit:

_____ /# _____

Eligibility Status:

Officer of New Unit Signature (required) _____

Member's Signature (required) _____

Previous Department: _____

Previous Name, Unit, and Number:

_____/_____

Address City
Zip

Phone Number Email Address

Thank You!