



Transfer Form for Members

Member's name in full: _____

Age if over 75 (for insurance purposes): _____

Present Address: _____

Postcode: _____

Name of Guild you are leaving: _____

County: _____ Country/Region: _____

Date of leaving this address : _____

Signature of Guild Secretary: _____

Tel No. of Guild Secretary: _____

New Address of Member:

_____ Postcode: _____

Telephone number at this address if known: _____

Date of arriving at new address: _____

When possible this form should be completed prior to the member moving to the new area.

When completed, this form should be sent to:

The Office Administrator
Trefoil Guild Office
17-19 Buckingham Palace Road
London SW1W 0PT