

HUMAN RESOURCE ASSOCIATION OF NORTHEAST TENNESSEE

REQUEST FOR TRANSFER OF COMPANY OR INDIVIDUAL MEMBERSHIP

COMPLETE THIS SECTION IF **REPLACING A COMPANY REPRESENTATIVE** :

COMPANY NAME _____

COMPANY ADDRESS _____

FORMER MEMBER NAME _____

NEW MEMBER NAME _____

NEW MEMBER E-MAIL _____

COMPANY PHONE / FAX _____

EFFECTIVE DATE OF CHANGE _____

COMPLETE THIS SECTION IF **TRANSFERRING AN INDIVIDUAL MEMBERSHIP**:

MEMBER NAME _____

FORMER EMPLOYER _____

NEW EMPLOYER _____

COMPANY ADDRESS _____

PRODUCT OR SERVICE _____

NUMBER OF EMPLOYEES _____

MEMBER E-MAIL _____

COMPANY PHONE / FAX _____

EFFECTIVE DATE OF CHANGE _____

Has or will your Company reimburse you for your dues: Yes No

Mail or e-mail the completed form to:

Phone:

Fax:

E-Mail: