

Chapter Transfer Application
Georgia

ORDER OF CONFEDERATE ROSE
CONFEDERATION OF STATE SOCIETIES

APPLICANT

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Date Of Birth: _____

Signature: _____

Present Chapter: _____

Transferring To: _____

PRESENT CHAPTER (signature of present Chapter President):

Name: _____

Chapter: _____

Phone: _____

Email: _____

Signature: _____

TRANSFER CHAPTER (signature of transfer Chapter President):

Name: _____

Chapter: _____

Phone: _____

Email: _____

Signature: _____

Return this completed application(s) to:
Kimberly Wright
115 North Alexander Street
Buford, Georgia 30518
(770) 932-0178
wordwrightshop@mindspring.com



DATE OF SUBMISSION: _____