



New York State Organization of Mothers of Twins Clubs

Year 20____ - 20____

Transfer Form

Position: _____

Name: _____

Was Badge turned over: ☐ Yes ☐ No (Why): _____

Was Procedure Manual turned over: ☐ Yes ☐ No (Why): _____

Detailed Description of all items transferred:

Signature of Outgoing Chairman: _____ Date: _____

Signature of Incoming Officer: _____ Date: _____