



# FRONTIERSMEN CAMPING FELLOWSHIP

## OFFICER PROCEDURES AND GUIDELINES



SUBJECT	SECTION
9.0 FORMS	9.5.3 MEMBERSHIP TRANSFER

Member's Name (please print) \_\_\_\_\_

New Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Church \_\_\_\_\_ Outpost \_\_\_\_\_

Chapter transferring FROM: \_\_\_\_\_

Chapter transferring TO: \_\_\_\_\_

MEMBERSHIP:  Active  Inactive Dues paid through: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECOGNITION (check one):  Frontiersman - inducted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Buckskin - completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wilderness - completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

FCF NAME (Buckskin/Wilderness only): \_\_\_\_\_

COURSES COMPLETED:  Black Powder Course (shooter's card)

Officers' Training Course

TRAPPERS BRIGADE (check one):  Company Trapper  Free Trapper

Bourgeois  Free Trapper numeral \_\_\_\_\_

Number of approved points left over from last completed step # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### OFFICER COMPLETING THIS FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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### RECEIVING DISTRICT

Action taken: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_