



Chicano Correctional Workers Association

Chapter Transfer Request

Somos Familia

Please Print Legibly – Request for membership transfer between chapters. Must be solely based on work/home location. Complete and return to a Chapter President or mail to the address below. For Regular Memberships only.

Assigned Chapter Name (leave blank if unknown) _____

First Name _____ **Middle** _____ **Last** _____

Address _____

City _____ **CA** **Zip** _____

Full Social Security _____ # _____ # _____

Email Address _____

Cell phone # _____

Occupation _____ **Job Site** _____

Title

Prison

Agency Number # (if known) _____

On paycheck stub

Reason for Transfer Request (please be specific) : _____

I authorize a monthly payroll deduction for the Chicano Correctional Workers Association.

Sign _____ **Date** _____

Prior to approval, the assigned Chapter (if active) and Region Vice President(s) will be notified of request.

Mail to: CCWA-Membership Coordinator, P.O. Box 3680, Visalia, CA 93278

(Membership Coordinator only) Approved: _____ Date _____

Date Chapters notified _____