



**ROYAL AUSTRALIAN AIR FORCE ASSOCIATION**  
**QUEENSLAND DIVISION**  
**APPLICATION FOR BRANCH TRANSFER**

**FROM** ..... **TO** .....  
(Losing Branch) (Gaining Branch)

**MEMBER'S NAME** .....

**OLD ADDRESS** .....

**NEW ADDRESS** .....  
(If changing, otherwise leave blank)

**NEW PHONE No.** .....  
(If Applicable)

**MEMBER FINANCIAL:**  
(Dropdown Menu)

**DATE TRANSFER EFFECTIVE** .....

**COPY OF MEMBER'S APPLICATION FORM ATTACHED**  
(Dropdown Menu)

.....  
(Signature of Losing Branch Secretary)

.....  
(Signature of Gaining Branch Secretary)

**Losing Branch Secretary:** Send the completed Branch Transfer Form and a copy of the Member's Application for Membership Form to the Gaining Branch.

**Gaining Branch Secretary:** File Member's Application for Membership Form, sign the Branch Transfer Form and forward to State Secretary for Record Updating.

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**Division use only**

**Date Received** .....

**Date Transfer Actioned** .....