

**CATHOLIC FAMILY FRATERNAL OF TEXAS - K J Z T**  
**PO BOX 18896**  
**AUSTIN, TEXAS 78760-8896**

**MEMBERSHIP TRANSFER**

**Member Name** \_\_\_\_\_ **Certificate No** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Requested a Transfer from:**

**Society No** \_\_\_\_\_ **Name** \_\_\_\_\_ **City** \_\_\_\_\_

**To:**

**Society No** \_\_\_\_\_ **Name** \_\_\_\_\_ **City** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Membership Date** \_\_\_\_\_

**Insurance Plan** \_\_\_\_\_ **Insured For** \_\_\_\_\_

**Monthly Assessment** \_\_\_\_\_ **Double Indemnity (Cr)** Yes No

\_\_\_\_\_  
**Signature of Society Officer** **Society No** \_\_\_\_\_

**Date** \_\_\_\_\_

<p style="text-align: center;"><b><u>OFFICE USE</u></b> <b>Member</b> <b>Member File</b> <b>Society</b> _____ <b>Society</b> _____</p>
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