



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: _____

RECEIVING DISTRICT

Action taken: _____ Date: ____/____/____

Name: _____ Title: _____