



LATERAL TRANSFER INTRODUCTION

With the consent of the member, this form may be sent to chapters within the community where she resides.

Date: _____
(mm/dd/yyyy)

Dear P.E.O. Sisters in Chapter _____:

May I introduce _____
(First) (Last)

who is a member of Chapter _____, _____, _____.
(City) (S/P/D)

Her schedule does not allow meeting attendance at our time/day, which is:

She will welcome the opportunity to attend chapter meetings that convene at different times/days.

Her address is _____
(Street) (City) (State/Province) (Zip/Postal Code)

Phone: _____ Email: _____

In the space below there is additional information that may be of interest (e.g., her occupation, family, length of residence in the community, community activities and affiliations, special interests, P.E.O. relatives, etc.).

Lovingly in P.E.O.,

Name _____

Chapter officer or Membership Committee chair _____

Address _____
(Street) (City) (State/Province) (Zip/Postal Code)

Phone: _____ Email: _____

Additional details which may be of interest