

LPS of USA Lifetime Membership Transfer Request Form

To be completed by the transferring Lifetime member/Spouse only:

Lifetime Membership Number: _____ **Your India Gaam:** _____

Your Name: _____

Full Address: _____

Cell Phone: _____ Email Address: _____

Date of Request: _____

Name of the qualified Son/Daughter: _____

His/Her India Gaam: _____

Address: _____

Phone: _____ Email: _____

I hereby request to transfer my lifetime membership # _____ to the above named individual who is my son/daughter at my own will. I attest that he/she is qualified to be the member of the association as provided in the Article 4.0 'Membership' of the LPS of USA Bylaws & Policies and Procedures. Furthermore, I promise that no other claim(s) will be made by anyone in the future for the same membership number. I also understand that the submitted transfer request must be approved at the next board meeting of LPS of USA to make the transfer official.

Reason of Transfer: _____

Name of the Transferring Member: _____

Signature of Transferring Member: _____ Date: _____

(Signature of Notary Public)

(Today's Date)

(Place)

My Commission Expires: _____ **Seal:** _____

Please mail completed form to: LPS of USA

9005 Overlook Blvd

Brentwood, TN 37027