

Transition Form

*Send Original to National Office
Keep one copy for your chapter records
Send one copy to your Province president
Send one copy to your Diocesan president*



CHECK SPACES APPLICABLE

- Transitioning:
- From Chapter to Chapter
 - To Daughter-at-Large

Member's Resignation
Cross Returned? Yes / No

Name/ Address Change

Member's Death
Date of Death _____

- Reinstatement
*Requires clergy signature, payment of current
year's dues, and completed Transition Form.*

Buried with Cross? Yes / No
OR Cross Returned Yes / No

OLD INFORMATION

Member # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Province: _____ Diocese: _____ Charter # _____

Parish: _____ Chapter: _____

NEW INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Province: _____ Diocese: _____ Charter # _____

Parish: _____ Chapter: _____

Chapter President Signature: _____

Clergy's Signature: _____

Clergy's Signature required only for reinstatement

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