



CATHOLIC ORDER OF FORESTERS

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

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**MEMBERSHIP TRANSFER
REQUEST**

I request transfer from local court number _____
to local court number _____

CURRENT MEMBER INFORMATION

Please Print

Name _____

Court Number _____

Address _____

Policy Number/s _____

City/State/Zip _____

Telephone _____

Member Signature _____

Date _____