

USS Excalibur Department Transfer Request Form



A Correspondence Chapter of STARFLEET International



A Region of STARFLEET International



The Star Trek Fan Association, Inc.

Section I: Member to be Transferred

Name and Rank:		SCC #:	
Address 1:		Phone:	
Address 2:		Email:	
City, State:		Zip Code:	

Section II: Current Department and Contact information

Department:		Position:	
Primary Contact:			
Address 1:		Phone:	
Address 2:		Email:	
City, State:		Zip Code:	

Section III: Future Department and Contact information

Department:		Position:	
Primary Contact:			
Address 1:		Phone:	
Address 2:		Email:	
City, State:		Zip Code:	

Section IV: Verification of Change of Department

By signing this form, the member of the USS Excalibur NCC-26517 referenced in Section I above hereby attests to their intent to change their primary department affiliation from department listed in Section II to the department referenced in Section III.

Crewmember Signature:		Date:	
Name:		Rank:	
DHO Signature: (Old)		Date:	
Name:		Rank:	
DHO Signature: (New)		Date:	
Name:		Rank:	
XO Signature:		Date:	
Name:		Rank:	
CO Signature:		Date:	
Name:		Rank:	