EMPERUM CLUB
1920 Yonge Street, 2nd Floor
Toronto, Ontario M4S 3E2
Tel: +1 (647) 350-0533
Fax: +1 (647) 350-0544
members@emperumclub.com

Date: _____

Approved: _____

FULL MEMBERSHIP TRANSFERABILITY FORM

This form is to be completed and signed by members only. Please mail, fax, or email this form to Emperum Club.

Member Information

First Name	Last Name					
Membership Number	Valid From			Valid Until		
	DD	MM	YYYY	DD	MM	YYYY

Transferee Information

First Name	Last Name	Membership (may choose both)			
			Private		Business
If membership for business, please specify company name and position	Company	Position			
ADDRESS (tick one)			Private		Business
Street Name & Number		Apt/Suite		P.O. Box (if any)	
City	State/Province	Postal Code		Country	
Telephone	Facsimile	E-mail			

I, the undersigned, hereby declare that I am willing to transfer all of my remaining membership benefits, services and privileges to the individual identified above as the Transferee. I understand that by doing so I will not be able to subsequently regain and/or reclaim such rights and privileges. I also understand that I will not be reimbursed by Emperum Club for any remaining services and that any monetary agreements and arrangements pertaining to this transfer will be resolved solely between me and the Transferee.

_____ _____ _____

Member's Full Name (as identified above) **Signature** **Date: dd/mm/yyyy**

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