

## **BPRO Membership Transfer Request Form**

Complete this form to submit a membership transfer request. Memberships may be transferred provided they meet BPRO Membership Transfer Guidelines. Transfer requests may take 3-5 business days to be completed. Confirmation of the completed transfer will be sent via email.

### BPRO Membership Transfer Guidelines:

A Local Department of Social Services who has paid for an individual membership of an employee may request to permanently transfer a membership to a non member individual who is employed by the same agency or they may give permission to an employee to retain their individual membership as they transition to a new agency for employment in the Benefit Programs Division.

- A membership may only be transferred one-time within that current membership year.
- A current BPRO member who is unable to transfer their membership and has held that membership for six months or more, may retain that membership year on their transcript when years of membership are being considered for scholarship purposes.
- Lifetime memberships are non-transferrable.

Questions? Contact the BPRO 3rd Vice President in charge of Membership at [vabenefitprograms@gmail.com](mailto:vabenefitprograms@gmail.com).

### **Reason for Transfer\***

- Transfer membership to a non member individual employed by the same agency**
- Allow departing employee to retain their individual membership** *(Once permission has been given to retain membership, it is the departing employee's responsibility to submit new employment information to BPRO. Information will only be updated when the transfer form is completed by the departing agency.)*

**Name of Person Submitting Request\***

**Email of person submitting request\***

\_\_\_\_\_

\_\_\_\_\_

**First and Last Name of Original BPRO Member\***

\_\_\_\_\_

Membership to be transferred to:

**First and Last Name\***

**Email\***

\_\_\_\_\_

\_\_\_\_\_

**Benefit Programs New Member is Responsible\***

Auxiliary Grant  
  Energy Assis.  
  Foster Care & Adoption Assis.  
  Fraud  
  General Relief  
 Medicaid  
  SNAP  
  TANF  
  VIEW  
  Child Care

**Person Receiving Membership- is he/she a former BPRO Member\***

Yes    No

**\*Red Asterisk- Items have to be completed**