



AMVETS LADIES AUXILIARY Department of Florida  
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## CERTIFICATE OF TRANSFER FORM

Date: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Auxiliary #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FROM:

Department: \_\_\_\_\_ Auxiliary #: \_\_\_\_\_ Location: \_\_\_\_\_

### TO:

Department: \_\_\_\_\_ Auxiliary #: \_\_\_\_\_ Location: \_\_\_\_\_

### Membership Type (check one):

Life (Life Date) \_\_\_\_\_

Annual (Dues paid for \_\_\_\_\_ year)

\_\_\_\_\_  
Signature of 1<sup>st</sup> Vice President/Secretary (FROM)

\_\_\_\_\_  
Signature of 1<sup>st</sup> Vice President/Secretary (TO)

\_\_\_\_\_  
Signature of Member Transferring

### INSTRUCTIONS:

1. Fill Transfer Form out completely.
2. Include Member ID# if a renewal or life; write NEW if a new member.
3. In order to complete transfer, a signed copy **MUST** be sent to the Auxiliary the member is transferring from. No electronic or copies of signatures accepted.
4. Transfers from out of state please send a copy of current card with this form.
5. Send two (2) copies of form to Department Membership Processing individual.