



**AMVETS LADIES AUXILIARY**  
**Department of Florida**

**MAIL TWO (2) COPIES TO:**  
AMVETS LADIES AUXILIARY DEPT OF FL  
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Crestview, FL 32539-7342  
  
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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.
4. Send two (2) copies of form to Department Membership Processing individual.