



# SONS OF AMVETS

NATIONAL HEADQUARTERS

1395 E. Dublin Granville Rd. Suite #115  
(614) 825-4734

Columbus, OH 43229  
FAX (614) 825-4735

## TRANSFER FORM

(DO NOT RECORD ON D & R FORM - USE THIS FORM)

DATE _____				Check One: _____		Annual Member _____		Life Member _____		CARD NO. _____	
NAME						PHONE NO.					
FORMER MAILING ADDRESS						CITY		STATE		ZIP	
PRESENT MAILING ADDRESS						CITY		STATE		ZIP	

(Fill out form completely)

<p><b><u>TRANSFER FROM :</u></b></p> <p>SQUADRON _____</p> <p>CITY _____</p> <p>DEPARTMENT _____</p> <p>POST PHONE NO. _____</p>	<p><b><u>TRANSFER TO :</u></b></p> <p>SQUADRON _____</p> <p>CITY _____</p> <p>DEPARTMENT _____</p> <p>POST PHONE NO. _____</p>
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<b>SIGNATURES REQUIRED:</b>				<b>TRANSFER AUTHORIZATION</b>							
COMMANDER OLD SQUADRON		DATE _____		COMMANDER NEW SQUADRON		DATE _____					
ADDRESS				ADDRESS							
CITY		STATE		ZIP		CITY		STATE		ZIP	
MEMBERS SIGNATURE _____						DATE _____					
DATE OF BIRTH _____						DATE JOINED _____					
Squadrons with Departments, Send 1 copy to Address designated by the Department						Squadrons with no Departments: Send 1 copy to <b>Sons of AMVETS</b> <b>National Headquarters</b>					
_____											
_____											
_____											