



AMVETS LADIES AUXILIARY
Department of FL

MAIL TWO (2) COPIES TO:

AMVETS LADIES AUXILIARY DEPT OF FL
Jerri Devoll, Executive Secretary
217 Ladue Ave
Crestview, FL 32539-7342

Phone: 850-306-3258
Execsecyfla@yahoo.com

MAL TRANSFER FORM

Date _____ Member ID# _____

Department _____ Auxiliary # _____

Name _____ Address _____

City _____ State _____ Zip _____

Name of AMVET Relative: _____ Post # _____

Deceased date: _____

Relationship: ☐ Mother ☐ Wife ☐ Widow ☐ Sister ☐ Daughter ☐ Step-daughter ☐ Granddaughter
 ☐ Grandmother ☐ Female Veteran (Circle one)

Membership Type (check one):

☐ Life (Life Date) _____
(Date became Life)

☐ Annual (Dues paid for _____ year)

(If not transferring from a Local Auxiliary, contact the Executive Secretary for additional documentation needed.)

Signature of 1st Vice President/Secretary (FROM)

(TO) Signature of Department Secretary

Signature of Member Transferring

INSTRUCTIONS:

The member that is becoming a Member At Large must do the following:

1. Fill Transfer Form out completely. Must be signed by the Vice President or Secretary transferring from and member's signature.
2. **Include Member ID#** if a renewal or life member; write **NEW** if a new member. Annual dues must be current or must be life member to become a Member At Large.
3. Send three (3) copies of this form to the **Department Executive Secretary**. She will sign and send to National and to/from Auxiliary.