



AMVETS NATIONAL LADIES AUXILIARY
4647 Forbes Boulevard
Lanham, Maryland 20706-4380
(301) 459-6255
(301) 459-5403 FAX

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
Execsecyfl@gmail.com

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 1st Vice President/Secretary (FROM)

 Signature of 1st 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.