



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)

<u>TRANSFER FROM :</u>	<u>TRANSFER TO :</u>
SQUADRON _____	SQUADRON _____
CITY _____	CITY _____
DEPARTMENT _____	DEPARTMENT _____
POST PHONE NO. _____	POST PHONE NO. _____

SIGNATURES REQUIRED: TRANSFER AUTHORIZATION			
COMMANDER OLD SQUADRON		COMMANDER NEW SQUADRON	
DATE _____	DATE _____	DATE _____	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 Sons of AMVETS National Headquarters	

