



AMVETS LADIES AUXILIARY
Department of Florida

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

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.
4. Send two (2) copies of form to Department Membership Processing individual.