



AMVETS LADIES AUXILIARY Department of Florida
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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.