



SONS OF AMVETS

NATIONAL HEADQUARTERS

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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	DATE _____	COMMANDER NEW SQUADRON	DATE _____
ADDRESS		ADDRESS	
CITY	STATE	ZIP	CITY
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	