



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 _____ 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