**SONS OF AMVETS**

**NATIONAL HEADQUARTERS**

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| **3309-11 Hubbard Rd** | | | | | | | | |  | | | | | | | | | | **Hyattsville, MD 20785** | | | | | | | | | |
| **(301) 683-4099** | | **TRANSFER FORM** | | | | | | | | | | | | | | | | | | | | **FAX (301) 683-3099** | | | | | | |
| **(DO NOT RECORD ON D & R FORM - USE THIS FORM)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** |  | | **Check One:** | | | | |  | | | **Annual Member** | |  | | | **Life Member** | | **CARD NO.** | | | | | |  | | | | |
| **NAME** | | | | | | | | | | | | | | **PHONE NO.** | | | | | | | | | | | | | | |
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| **FORMER MAILING ADDRESS** | | | | | | | | | | | | | | | **CITY** | | | | | | | **STATE** | | | | **ZIP** | | |
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| **CURRENT MAILING ADDRESS** | | | | | | | | | | | | | | | **CITY** | | | | | | | **STATE** | | | | **ZIP** | | |
|  | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | | |
| **(Fill out form completely)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TRANSFER FROM :** | | | | | | | | | | | | **TRANSFER TO :** | | | | | | | | | | | | | | | | |
| **SQUADRON** | | | |  | | | | | | | | **SQUADRON** | | | | | | |  | | | | | | | | | |
| **CITY** | | | |  | | | | | | | | **CITY** | | | | | | |  | | | | | | | | | |
| **DEPARTMENT** | | | |  | | | | | | | | **DEPARTMENT** | | | | | | |  | | | | | | | | | |
| **POST PHONE NO.** | | | |  | | | | | | | | **POST PHONE NO.** | | | | | | |  | | | | | | | | | |
| **SIGNATURES REQUIRED:** | | | | | | **TRANSFER AUTHORIZATION** | | | | | | | | | | |  | | | | | | | | | | | |
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| **COMMANDER OLD SQUADRON DATE** | | | | | | | | | |  | | **COMMANDER NEW SQUADRON DATE** | | | | | | | | | | | | | | |  | |
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| **ADDRESS** | | | | | | | | | | | | **ADDRESS** | | | | | | | | | | | | | | | | |
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| **CITY** | | | | | | | **STATE** | | | **ZIP** | | **CITY** | | | | | | | | | | | **STATE** | | | | | **ZIP** |
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| **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** | | | | | | | | | | | | | | | | |
| **REVISED 05/27/2025** | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | |