



# SONS OF AMVETS

## CHANGE OF ADDRESS FORM

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**Members, please submit this form to your Squadron 1<sup>st</sup> Vice Commander. Squadrons within a Department, send 1 copy to your Department 1<sup>st</sup> Vice Commander. Squadrons without a Department and All Departments, send 1 copy to: Sons of AMVETS National Headquarters  
PO Box 1260 Hyattsville, MD 20785**

<b>Squadron No.</b>	<b>Department:</b>	<b>SIGN AND DATE ↓</b>
<b>Contact Name:</b>		<b>SQUADRON:</b> <span style="float: right;"><b>Date:</b></span>
<b>Contact Address:</b>		<b>DEPARTMENT:</b> <span style="float: right;"><b>Date:</b></span>
		<b>NATIONAL:</b> <span style="float: right;"><b>Date:</b></span>
<b>Contact Phone:</b>		<u><b>Squadrons and departments, Please retain a copy for your records.</b></u>

MEMBER	OLD INFORMATION	NEW INFORMATION
<input type="checkbox"/> Life <input type="checkbox"/> Annual		
<b>Card No.:</b>		
<b>Name:</b>		
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