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**SONS OF AMVETS**

**NATIONAL HEADQUARTERS**

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| **PO Box 1260** |  | **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 11One:** |  | **Annual Member** |  | **Life Member** | **CARD NO.** |  |
| **NAME** | **PHONE NO.** |
|  |  |  |  |
| **FORMER MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** |
|  |  |  |  |
| **CURRENT MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** |
|  |  |  |  |
|  |
| **TRANSFER FROM :** | **TRANSFER TO :** |
|  **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 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** |
| **If Transferring Into Another Department** |
|  **Signature of Losing Department Commander Signature of Gaining Department Commander****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |