****

**SONS OF AMVETS**

**NATIONAL HEADQUARTERS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |