



# 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 ▼
CURRENT MAILING ADDRESS ▼		CITY ▼	STATE ▼	ZIP ▼

<u>TRANSFER FROM :</u>	<u>TRANSFER TO :</u>
SQUADRON _____	SQUADRON _____
CITY _____	CITY _____
DEPARTMENT _____	DEPARTMENT _____
POST PHONE NO. _____	POST PHONE NO. _____

<u>SIGNATURES REQUIRED:</u> <b>TRANSFER AUTHORIZATION</b>	
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 <u>with Departments</u> , Send 1 copy to Address designated by the Department	Squadrons with <u>no Departments</u> , Send 1 copy to Sons of AMVETS National Headquarters

If Transferring Into Another Department	
Signature of Losing Department Commander _____ Department _____ Date _____	Signature of Gaining Department Commander _____ Department _____ Date _____