

*Official Membership Transfer Form*  
**DISABLED AMERICAN VETERANS**  
P. O. Box 145550 • Cincinnati, Ohio 45250 • (859) 441-7300

PLEASE PRINT

Date \_\_\_\_\_

Name \_\_\_\_\_

Member Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I request transfer of my Membership

From Chapter: \_\_\_\_\_ in \_\_\_\_\_  
Chapter Name and Number State

To Chapter: \_\_\_\_\_ in \_\_\_\_\_  
Chapter Name and Number State

\_\_\_\_\_ : Member's Signature

NOTE: Approval of this transfer is required by the receiving Chapter under Article 11, Section 11.8 of the By-Laws.

APPROVED  REJECTED

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Chapter Commander or Adjutant

ITEM #901310

\_\_\_\_\_ Telephone No.

*This transfer may also be initiated by the member or chapter at [www.davmembers.org](http://www.davmembers.org)*