

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

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Member Code Number: _____ Telephone Number: _____

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From Chapter: _____ State: _____

To Chapter: _____ State: _____

Member's Signature: _____

NOTE: Approval of this transfer is required by the receiving Chapter under Article 11, Section 11.8 of the Bylaws

APPROVED

_____ Please sign and print name of Chapter Commander or Adjutant

REJECTED

_____ Telephone Number

_____ Date