

*Official Membership Transfer Form*  
**DISABLED AMERICAN VETERANS**  
P. O. Box 145550 • Cincinnati, Ohio 45250 • (606) 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 11.08 of the National Constitution and By-Laws.

APPROVED  REJECTED

\_\_\_\_\_ Date

\_\_\_\_\_ Signature and Title of Chapter Officer

ITEM #901310

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