

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

PLEASE PRINT

Name: _____ Date: _____

Member Code Number: _____ Telephone Number: _____

Street Address: _____

City, State, Zip: _____

I request transfer of my membership

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 ☐ REJECTED ☐

Please sign and print name of Chapter Commander or Adjutant

Date

Telephone No. _____

ITEM #901310

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