



FULFILLING OUR PROMISES  
TO THE MEN AND WOMEN WHO SERVED

# Official Membership Transfer Form

Date \_\_\_\_\_

P.O. Box 145550 · Cincinnati, OH 45250 · 888-236-8313 · www.dav.org

Name \_\_\_\_\_ Membership Code No. \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*I request a transfer of my membership:*

**FROM** Chapter No. \_\_\_\_\_ State \_\_\_\_\_ **TO** Chapter No. \_\_\_\_\_ State \_\_\_\_\_

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

Approved  Rejected (Note: Approval of this transfer is required by the receiving Chapter under Article 11, Section 11.8 of the Bylaws.)

Name of Chapter Commander/Adjutant \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Signature of Chapter Commander/Adjutant \_\_\_\_\_ Date Signed \_\_\_\_\_