

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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