



AMVETS NATIONAL LADIES AUXILIARY
3309-11 Hubbard Road, Hyattsville MD 20785
(301)459-6255
(301)683-3081 or 3083 FAX

CERTIFICATE OF TRANSFER FORM

Date _____ Member ID# _____
Department _____ Auxiliary _____
Name _____ Address _____
City _____ State _____ Zip _____

FROM:

Department _____ Auxiliary _____ Location _____

TO:

Department _____ Auxiliary _____ Location _____

Membership Type (check one):

Life (Life Date) _____

Annual (Dues paid for _____ year)

Signature of 1st Vice President/Secretary (FROM)

Signature of 1st Vice President/Secretary (TO)

Signature of Member Transferring

INSTRUCTIONS:

1. Fill Transfer Form out completely.
2. Include Member ID# if an annual or life; write NEW if a new member.
3. In order to complete transfer, a signed copy **MUST** be sent to the Auxiliary the member is transferring from.
4. Send two (2) signed copies of form to Department Membership Processing individual.