

OFFICIAL MEMBERSHIP TRANSFER FORM

Disabled American Veterans

P.O. Box 14550 ▪ 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

Please sign and print name of Chapter Commander or Adjutant

REJECTED

Telephone Number

Date