## Official Membership Transfer Form

## **DISABLED AMERICAN VETERANS**

P. O. Box 145550 • Cincinnati, Ohio 45250 • (859) 441-7300

PLEASE PRINT	Date
Name	
Member Code	Telephone No
Street Address	
City, State, Zip	
I request transfer of my Membership	
From Chapter:	in
Chapter Name and Number	State
10 Chapter:  Chapter Name and Number	inState
	: Member's Signature
NOTE: Approval of this transfer is required by the receiv	ving Chapter under Article 11, Section 11.8 of the By-Laws.
Date	Signature of Chapter Commander or Adjutant
ITEM #901310	
Disable	IBERSHIP TRANSFER FORM ed American Veterans
OFFICIAL MEM Disable	IBERSHIP TRANSFER FORM
OFFICIAL MEM Disable P.O. Box 145550 • Cir	IBERSHIP TRANSFER FORM ed American Veterans
OFFICIAL MEM Disable P.O. Box 145550 • Cir PLEASE PRINT	IBERSHIP TRANSFER FORM ed American Veterans ncinnati, OH 45250 • (859) 441-7300
OFFICIAL MEM Disable P.O. Box 145550 • Cir PLEASE PRINT Name:	IBERSHIP TRANSFER FORM ed American Veterans ncinnati, OH 45250 • (859) 441-7300  Date:
OFFICIAL MEM Disable P.O. Box 145550 • Cir PLEASE PRINT Name: Member Code Number: Street Address:	IBERSHIP TRANSFER FORM ed American Veterans ncinnati, OH 45250 • (859) 441-7300  Date:
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