



**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 1<sup>st</sup> Vice President/Secretary (FROM)

\_\_\_\_\_  
Signature of 1<sup>st</sup> 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.

**REVISED MAY 2024**