



FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Official Membership Transfer Form

Date _____

P.O. Box 145550 · Cincinnati, OH 45250 · 888-236-8313 · dav.org

Name _____ Membership Code No. _____

Street Address _____ Apt/Unit No. _____

City/Town _____ State _____ ZIP _____ Phone Number (____) _____

Cell Number (____) _____ Date of Birth _____ Email _____

I request a transfer of my membership:

FROM Chapter No. _____ State _____ **TO** Chapter No. _____ State _____

Member's Signature _____

Approved Rejected (Note: Approval of this transfer is required by the receiving Chapter under Article 11, Section 11.8 of the Bylaws.)

Name of Chapter Commander/Adjutant _____ Phone Number (____) _____

Signature of Chapter Commander/Adjutant _____ Date Signed _____