



# Application to Transfer Membership

Paralyzed Veterans of America  
Membership & Volunteer Program  
1875 Eye Street, NW, Suite 1100 \* Washington, DC \* 20006  
888-838-7782 \* Direct Membership Line

## TRANSFERRING MEMBER'S INFORMATION

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Service connected injury or disease

Non-Service connected injury or disease

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently a member in good standing with your existing chapter? Yes \_\_\_ No \_\_\_

If you are currently a member of PVA, but are not assigned to a specific chapter, please check here [  ].

## CHAPTER TRANSFER INFORMATION

Please transfer my membership.

From Chapter: \_\_\_\_\_

To Chapter: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## GAINING CHAPTER USE ONLY

Chapter Name: \_\_\_\_\_

Membership Officer's Name: \_\_\_\_\_

Membership Officer's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

<b>NATIONAL OFFICE USE ONLY</b>	
DATE RECEIVED	Processed by _____ Process Date ___ / ___ / ___

Reset Form