



# Application to Transfer Membership

Paralyzed Veterans of America  
Membership & Volunteer Program  
801 Eighteenth Street, NW \* Washington, DC \* 20006-3517  
800-424-8200 ext. 776 \* 202-416-7776 \* (TTY) Dial 711 \* 202-785-4452 Fax

## 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: \_\_\_\_\_

## 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