



AMVETS LADIES AUXILIARY CERTIFICATE OF TRANSFER

NAME

DATE

IDENTIFICATION NUMBER

ADDRESS

CITY

STATE & ZIP

From: _____
AUXILIARY #

CITY

DEPARTMENT

To: _____
AUXILIARY #

CITY

DEPARTMENT

TYPE OF MEMBERSHIP:

Life: _____

Life Date: _____

Annual: _____

Dues Paid for _____
YEAR

Signature of Secretary (FROM)

Signature of Secretary (TO)

Signature of Member Transferring

DEPARTMENTS SEND ONE (1) COPY TO NATIONAL HEADQUARTERS