

DISABLED AMERICAN VETERANS AUXILIARY
Official Transfer Form

Upon Completion and Approval, Mail to:
DAV Auxiliary National Headquarters
3725 Alexandria Pike
Cold Spring, KY 41076

Fax: 859.442.2095 Email: dava@davmail.org

Date: _____

Name: _____
(Please Print)

Member Code: _____

Street Address: _____

City, State, Zip: _____

I request transfer of my membership:

From: _____
Unit Name & Number

in _____
State

To: _____
Unit Name & Number

in _____
State

Member's Signature: _____

NOTE: Approval of this transfer is required by the receiving unit before processing. Please check appropriate block:

APPROVED

REJECTED

Date

Signature & Title of Officer