

DISABLED AMERICAN VETERANS AUXILIARY
Official Transfer Form

Upon Completion and Approval, Mail to:
DAV Auxiliary National Headquarters

860 Dolwick Dr.
Erlanger, KY 41018
Email: dava@davmail.org

Date: _____

Name: _____
(Please Print)

Member Code: _____

Street Address: _____ City, State, Zip: _____

I request transfer of my membership:

From: _____ in _____
Unit Name & Number State

To: _____ in _____
Unit Name & Number 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