



Mail to:
Sons of AMVETS- Department of Florida
P.O. Box 494653
Port Charlotte, FL 33949

SONS OF AMVETS

TRANSFER FORM (DO NOT RECORD ON D & R FORM - USE THIS FORM)

DATE _____	Check One: _____	Annual Member _____	Life Member _____	CARD NO. _____
NAME _____			PHONE NO. _____	
FORMER MAILING ADDRESS _____		CITY _____	STATE _____	ZIP _____
PRESENT MAILING ADDRESS _____		CITY _____	STATE _____	ZIP _____

(Fill out form completely)

<u>TRANSFER FROM :</u>	<u>TRANSFER TO :</u>
SQUADRON _____	SQUADRON _____
CITY _____	CITY _____
DEPARTMENT _____	DEPARTMENT _____
POST PHONE NO. _____	POST PHONE NO. _____

SIGNATURES REQUIRED: TRANSFER AUTHORIZATION	
COMMANDER OLD SQUADRON DATE _____	COMMANDER NEW SQUADRON DATE _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE ZIP _____	CITY _____ STATE ZIP _____
MEMBERS SIGNATURE _____	DATE _____
DATE OF BIRTH _____	DATE JOINED _____

Squadrons with Departments, Send 1 copy to
 Address designated by the Department

Mail to:
Sons of AMVETS- Department of Florida
11703A Raintree Village Blvd.
Temple Terrace, FL 33617