



AMVETS

Change of Address Form

Please ensure Post, National, And Department records are changed.

OFFICIAL SUBMITTING CHANGE(S):

Name: _____

Title: _____

Department/Post: _____

Phone Number: _____

		Old	New
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			
<input type="checkbox"/> Life <input type="checkbox"/> Annual			
Member ID#:			
Name:			

When Completed, mail this form to:

AMVETS Membership Department
 4647 Forbes Boulevard
 Lanham, MD 20706