



MEMBERSHIP TRANSFER FORM

[Reset Form](#)

Transfer Processing Instructions

1. A current member in good standing who makes request to a Department/Post of choice may initiate a member transfer—or a Department/Post may initiate the action by inviting a member to transfer.
2. **Three signatures/dates are required to transfer:** the member, the adjutant of the accepting post and the adjutant of the former post-usually in that order. The former post may *not* delay or deny a member's transfer request unless there is a cause, such as the member owes money or has possession of post property that must be returned. **NOTE:** If a transfer is denied for cause, the reason for denial must be submitted in writing to the department headquarters, along with the unsigned transfer form, within 10 days. The department will notify all parties involved regarding this action. **PRINT AND SUBMIT—DO NOT EMAIL.**
3. The completed and signed transfer form should be mailed to the department office where it is signed and dated, copied, and forwarded to the appropriate Department/Post official and to the National Headquarters.
4. Questions may be directed to the AMVETS Department of Ohio Membership Department, 960 Checkrein Ave., Columbus, Ohio 43229; Phone 614-431-6990; Fax (614) 431-6991.

Name:		Date:	
Address:		Member ID#:	
Home Phone:	()	Member Type:	Life Annual
Work Phone:	()	Date Joined AMVETS	
Former Address: (if moving)		Email:	
		Gender:	M F
Branch of Service:		DOB:	
Date Entered:		Date Discharged:	
Signature of Member:		Date:	

Transferring Information

Transfer To:	Post Number:	Department:
Adjutant Signature: (new Post acceptance)		Date:
Transfer From:	Post Number:	Department:
Adjutant Signature: (former Post release)		Date:
Department Signature: (acknowledgement)		Date: