



Application to Transfer Membership

Paralyzed Veterans of America
Membership & Volunteer Program
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TRANSFERRING MEMBER'S INFORMATION

Hktu'P co g< _____ O K _____ Ncu'P co g< _____

O go dgt 'K g p w h e c k p 'P wo dgt < _____ Uqekri'Ugewtkv'P wo dgt _____

Ugt xleg'eqppgevgf 'kplwt { 'qt 'f kugcug P qp/Ugt xleg'eqppgevgf 'kplwt { 'qt 'f kugcug

Cf ft guu < _____

Ekv < _____ Ucvg < _____ \ kr < _____

J qo g'Rj qpg < _____ Qj gt'Rj qpg < _____

Go ckr _____

CHAPTER TRANSFER INFORMATION

Rngcug'atcpuhgt'o { 'o go dgtuj kr 0

Htqo 'Ej cr vgt < _____

Vq'Ej cr vgt < _____

O go dgt'u'Uki pcwtg < _____ F cvg < ____ / ____ / ____

GAINING CHAPTER USE ONLY

Ej cr vgt 'P co g < _____

O go dgtuj kr 'Qhhegt'u'P co g < _____

O go dgtuj kr 'Qhhegt'u'Uki pcwtg < _____ F cvg < ____ / ____ / ____

NATIONAL OFFICE USE ONLY	
F CVG'TGEGKXGF	Rtqeguuf'd { _____ Rtqegu'F cvg _____ 1 _____ 1 _____