



**Paralyzed Veterans  
of America**

# Application to Transfer Membership

Paralyzed Veterans of America  
Membership & Volunteer Program  
801 Eighteenth Street, NW \* Washington, DC \* 20006-3517  
800-424-8200 ext. 776 \* 202-416-7776 \* 202-416-7622 TTY \* 202-416-1250 fax

## TRANSFERRING MEMBER'S INFORMATION

Old Member ID: \_\_\_\_\_ OK \_\_\_\_\_ New Member ID: \_\_\_\_\_

Old Chapter ID: \_\_\_\_\_ New Chapter ID: \_\_\_\_\_

I am a member of the \_\_\_\_\_ Chapter  I am a member of the \_\_\_\_\_ Chapter

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

## CHAPTER TRANSFER INFORMATION

Reason for Transfer: \_\_\_\_\_

Old Chapter Name: \_\_\_\_\_

New Chapter Name: \_\_\_\_\_

Old Chapter ID: \_\_\_\_\_ New Chapter ID: \_\_\_\_\_

## GAINING CHAPTER USE ONLY

Chapter Name: \_\_\_\_\_

Old Chapter ID: \_\_\_\_\_

New Chapter ID: \_\_\_\_\_

<b>NATIONAL OFFICE USE ONLY</b>	
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