



Application to Transfer Membership

Paralyzed Veterans of America
Membership & Volunteer Program
801 Eighteenth Street, NW * Washington, DC * 20006-3517
800-424-8200 ext. 619 * 202-416-7619 * 202-4167622 TTY

TRANSFERRING MEMBER'S INFORMATION

First Name: _____ MI _____ Last Name: _____

Member Identification Number: _____ Social Security Number _____

Service connected injury or disease

Non-Service connected injury or disease

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

CHAPTER TRANSFER INFORMATION

Please transfer my membership.

From Chapter: _____

To Chapter: _____

Member's Signature: _____ Date: ____/____/____

GAINING CHAPTER USE ONLY

Chapter Name: _____

Membership Officer's Name: _____

Membership Officer's Signature: _____ Date: ____/____/____

NATIONAL OFFICE USE ONLY

DATE RECEIVED

Processed by _____

Process Date ____/____/____