



PARALYZED VETERANS OF AMERICA APPLICATION TO TRANSFER MEMBERSHIP

801 Eighteenth Street, NW - Washington, DC 20006-3517
(202) 416-7619 (Voice) - (800) 424-8200 (Voice)

GENERAL INFORMATION

Member Name: _____

Member Identification Number: _____

Service connected injury or disease

Non service connected injury or disease

Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Email _____

Please indicate if this is a change to:

Address Telephone Email

TRANSFER INFORMATION

Please transfer my membership and voting status as indicated.

From Chapter: _____

To Chapter: _____

Member's Signature: _____ Date: _____

Membership Officer's Name: _____

Membership Officer's Signature: _____ Date: _____

Chapter Name: _____