

**LADIES AUXILIARY
MILITARY ORDER OF THE PURPLE HEART
TRANSFER REQUEST**

Note: This form must be submitted in entirety and be signed by the member requesting the transfer. MAIL TO NATIONAL MEMBERSHIP OFFICER.

From: _____ Member # _____

Mailing Add. _____ Phone # _____

City _____ St. _____ Zip _____ E-Mail _____

Date of Birth _____

I request a transfer

From: Unit # _____ Located in the state of _____

To: Unit # _____ Located in the state of _____

Note: For transfer to or from "At-Large" status, enter name of state of residence and "At-Large". (At-Large members are assigned to their resident state as DML or NML if state is not a department.

Signature

Date

To Gaining Unit:

Notification Date _____

If you wish to accept this member, no notice to the National Membership Officer is required. Please contact the member to welcome her to your Unit and to provide her with information about your officers and meetings.

If you do not wish to accept this member, you are hereby notified in accordance with Article II, Section 15, of the National Rules and Regulations that transfer shall expire three (3) months from the date issued. Notification must be in writing addressed to the National Membership Officer. If no such notification is received within this time period, approval of the transfer is automatic.

To Transferring Unit:

Please delete this member from your Unit Roster.