

MEMBERSHIP TRANSFER CARD
Ladies Auxiliary

Polish Legion of American Veterans, U.S.A.

Chapter No. _____

Card No. _____

Date of Issuance of Transfer _____

To Whom It May Concern - This is to certify
that member _____ of Chapter # _____
residing at _____

City _____ State _____ Zip _____

Phone Number _____ joined the Ladies
Auxiliary of P.L.A.V. on _____
Month Day Year

She has paid all her dues and obligations to the
Chapter and to the Organization up to and
including _____
Month Year

Therefore, she is eligible to be transferred to
Chapter # _____ of the Ladies Auxiliary P.L.A.V.

President

Financial Secretary

I attest that _____ was
accepted into Chapter # _____ in
City _____ State _____ Zip _____.

Financial Secretary - Chapter No. _____

Submit: 2 copies to State Department (1 copy
for National Department)
2 copies (1 copy for each Chapter)
Total 4 copies