



NATIONAL MAL~POST TRANSFER FORM

Members, please use a pen and fill in **ALL** blanks, no abbreviations
 and send to Ray McGuire webmaster@s-a-m-s.org.
 A copy will be forwarded to the Post.

NAME of Veteran, or Spouse, Widow/Widower, or Lineal Descendant of past present member of the US Armed Forces or Active ROTC Cadet.				
FIRST, MIDDLE, LAST			EMAIL	
MAILING ADDRESS				
STREET, CITY, STATE, ZIP				
PHONE	MEMBER #	GENDER	DATE OF BIRTH over 18	MAL TRANSFERING TO:
WITH AREA CODE		M [] F []	MM/DD/YYYY	POST #

DATE OF APPLICATION	PRINT NAME (PLEASE PRINT CLEARLY)	SIGNATURE BELOW (Type Name for Signature)

FOR ADMIN. USE ONLY:
Date Received to National ___ / ___ / ___