

**VFW Post 5119 Spruce Run Memorial**

**Member Transfer Request**

**Contact Information**

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

Member Email: \_\_\_\_\_

Old Post Number: \_\_\_\_\_

Annual Membership / Life Membership

(Circle One)

**If your address needs to be updated, please provide the address below:**

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Quartermaster Signature: \_\_\_\_\_