AMVETS

Change of Address Form

Please ensure Post, National, And Department records are changed.

OFFICIAL SUBMITTING CHANGE(S):

Name: _____

Title _____

Department/Post: _____

Phone Number: _____

	Old	New
☐ Life ☐ Annual Member ID#: Name:		
☐ Life ☐ Annual Member ID#: Name:		
☐ Life ☐ Annual Member ID#: Name:		
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