



AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Form to be used to report name change, address changes, join date/continuous year changes, Unit transfers & deceased members.

Member ID# _____
(Required for all changes)

Date ____/____/____

Name _____

Unit # _____ Dept. (State) _____

Address _____

Sr. ____ Jr. ____ PUFL ____ VIM ____ HLM ____

DECEASED; date of death ____/____/____

CORRECTIONS

Old Information

Former Name _____

Former Address _____

Former City _____

Former State _____ Zip _____

Former Telephone # _____

Email Address _____

New Information

New Name _____

New Address _____

New City _____

New State _____ Zip _____

New Telephone # _____

Email Address _____

UNIT TRANSFERS

Previous Unit # _____ Dept. _____

New Unit # _____ Dept. _____

Signature of Member (REQUIRED)

Signature of New Unit Officer (REQUIRED)

ADDITIONAL INFORMATION

Date of Birth ____/____/____

Comments or Notes: _____
