



## AMERICAN LEGION AUXILIARY

### MEMBER DATA FORM

Form to be used to report name changes, 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

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 # \_\_\_\_\_ Department \_\_\_\_\_

NEW Unit # \_\_\_\_\_ Department \_\_\_\_\_

Signature - Member (Required)

Signature - New Unit Officer (Required)

### ADDITIONAL INFORMATION

Marital Status change:  Married     Divorced

Update Join Date/Continuous Years of Membership: Change from \_\_\_\_\_ to \_\_\_\_\_

\*Please include "proof" or explanation.

Comments or Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_