



# 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:

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