



AMERICAN LEGION AUXILIARY MEMBER DATA FORM

Member ID # _____
(**Required** for all changes)

Date _____

Name _____

Department _____ Unit # _____

____ SR ____ JR ____ **DECEASED**, date of death ____/____/____

____ VIM ____ Honorary Life Member

____ Life Member (Depts. of CO, ND, SD **ONLY**)

CORRECTIONS

Old Information

New Information

Name _____ Name _____

Former Address _____ New Address _____

Former City _____ New City _____

Former State _____ Zip _____ New State _____ Zip _____

Former Telephone # (____) _____ New Telephone # (____) _____

UNIT TRANSFERS

PREVIOUS Unit # _____ Department _____

NEW Unit # _____ Department _____

____ Date _____

____ Date _____

Signature - Member (**Required**)

Signature - New Unit Officer (**Required**)

ADDITIONAL INFORMATION

Marital Status: ____ Married ____ Single ____ Widowed ____ Divorced Date of Birth ____/____/____

Continuous Years of Membership _____ for _____ (Paid Year)

Email address _____

WAR ERA OF ELIGIBILITY (The Veteran, living or deceased, served in):

____ WWI (4/6/17 - 11/11/18) ____ WWII (12/7/41 - 12/31/46) ____ Korea (6/25/50 - 1/31/55)

____ Vietnam (2/28/61 - 5/7/75) ____ Grenada, Lebanon (8/24/82 - 7/31/84) ____ Panama (12/20/89 - 1/31/90)

____ Merchant Marines (12/7/41 - 8/15/45 Only Eligibility)

____ Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by the U.S. Government)

BRANCH OF SERVICE OF ELIGIBILITY (The Veteran, living or deceased, served in):

____ U.S. Air Force ____ U.S. Army ____ U.S. Marines ____ U.S. Navy ____ U.S. Coast Guard ____ U.S. Merchant Marines