



AMERICAN LEGION AUXILIARY MEMBER DATA FORM

Unit # _____

Date _____

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

Name _____

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 # (____) _____

Email Address: _____ New Email Address: _____

Unit Transfer section must be completed and signed by member and unit officer

UNIT TRANSFERS

PREVIOUS Unit # _____ State _____

NEW Unit # _____ State _____

Date _____

Date _____

Signature – Member (**Required**)

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

Please email to: membership@alafl.org
or mail to: ALA Department Headquarters
1912A Lee Road
Orlando, FL 32810