



MEMBER DATA FORM

Unit # _____

Date _____

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

Name _____

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

VIM

Honorary Life Member

CORRECTIONS

Old Information

Name _____

Former Address _____

Former City _____

Former State _____ Zip _____

Former Telephone # (____) _____

Email Address: _____

New Information

Name _____

New Address _____

New City _____

New State _____ Zip _____

New Telephone # (____) _____

New Email Address: _____

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

UNIT TRANSFERS

PREVIOUS Unit # _____ State _____

NEW Unit # _____ State _____

Signature – Member (**Required**)

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