



AMERICAN LEGION AUXILIARY MEMBER DATA FORM

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

Date _____

Name _____

State _____ New 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 Transfer section must be completed and signed by member and unit officer

UNIT TRANSFERS

PREVIOUS Unit # _____ State _____

NEW Unit # _____ State _____

Signature - Member (**Required**) Date _____

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