



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	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	
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PREVIOUS Unit # _____ State _____

NEW Unit # _____ State _____

_____ Date _____

_____ Date _____

Signature – Member **(Required)**

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