



AMERICAN LEGION AUXILIARY MEMBER DATA FORM

(Required for all changes – Only 1 member per form)

Transmittal # _____	Name: _____ <small>(Name of member)</small>
Member ID# _____ <small>(Required for all changes)</small>	Department _____ Unit _____ Date _____

Deceased: _____
 SR
JR
PUFL
Honorary Life Member

Drop from Unit: Date _____ Reason for dropping: _____

CORRECTIONS	
Old Information	New Information
Name:	New Name:
Former Address:	New Address:
Former City:	New City:
Former State: Zip:	New State: Zip:
Former Phone #:	New Phone #:
Incorrect Birthdate:	New Birthdate:

UNIT TRANSFERS			
Previous Unit:	Department:	New Unit #:	New Department:
Member Signature (required)		Signature New Unit Officer (required)	

Additional Change Information
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Date of Birth: _____
Continuous Years of Membership: _____ for _____ <small>(Paid Year)</small>
E-mail address: _____

Office Use Only
 Chk # _____ Amt \$ _____ Scan Date _____ Completed _____