



AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Form to be used to report name changes, address changes, join date/continuous year changes, Unit transfers, & deceased members.

Member ID# _____
(Required for all changes)

Date _____

Name _____

Address: _____

Unit # _____ Dept (State) _____

☐ SR ☐ JR ☐ PUFL

☐ DECEASED, date of death ____/____/____

CORRECTIONS

Old Information

Former Name _____

Former Address _____

Former City _____

Former State _____ Zip _____

Former Telephone # (____) _____

Email Address _____

New Information

New Name _____

New Address _____

New City _____

New State _____ Zip _____

New Telephone # (____) _____

Email Address _____

UNIT TRANSFERS

PREVIOUS Unit # _____ Department _____

NEW Unit # _____ Department _____

Signature - Member (Required)

Signature - New Unit Officer (Required)

ADDITIONAL INFORMATION

Marital Status change: ☐ Married ☐ Divorced

Update Join Date/Continuous Years of Membership: Change from _____ to _____

*Please include "proof" or explanation.

Comments or Notes:
