



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 # (_____) _____

Email Address: _____ New Email Address: _____

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

UNIT TRANSFERS

PREVIOUS Unit # _____ State _____

NEW Unit # _____ State _____

_____ Date _____

_____ Date _____

Signature - Member (Required)

Signature - New Unit Officer (Required)