



# 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)