



AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Member ID # _____

Dept. _____

Unit # _____

Name _____

SR JR PUFL Honorary Life Member **DECEASED**, date of death ____ / ____ / ____

CORRECTIONS

Old Information

Name _____

Former Address _____

Former City _____

Former State _____ Zip _____

Former Telephone # () _____

New Information

Name _____

New Address _____

New City _____

New State _____ Zip _____

New Telephone # () _____

Continuous Years Correction _____

Join Date Correction _____

UNIT TRANSFERS

PREVIOUS Unit # _____ Department _____ **NEW** Unit # _____ Department _____

_____ Date _____ _____ Date _____

Signature of Member (**Required**)

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

ADDITIONAL INFORMATION

Marital Status: Married Single Widowed Divorced Date of Birth _____

E-Mail Address _____

WAR ERA OF ELIGIBILITY (*The Veteran, living or deceased, served in:*)

WWI (4/6/17-11/11/18)

Anytime After 12/7/1941 (check all that apply): Global War on Terror Panama Vietnam WWII
 Gulf War Lebanon/Grenada Korea Other Conflicts

Branch of Service of Eligibility (*The Veteran, living or deceased, served in:*)

U.S. Air Force U.S. Army U.S. Marines U.S. Navy U.S. Coast Guard U.S. Merchant Marines

U.S. Space Force

Submit completed form to your Department Headquarters.. Retain a copy for your Unit records.