



American Legion Auxiliary
Department of Washington
PO BOX 5867 LACEY, WA 98509-5867

MEMBER DATA FORM

MEMBER ID# _____ UNIT #: _____
DATE: _____
NAME: _____

☐ SR ☐ JR ☐ PUFL
☐ DECEASED - DATE OF DEATH ____/____/____

NAME/ADDRESS CORRECTIONS

NEW INFORMATION

NAME: _____ CITY: _____
ADDRESS: _____ STATE: _____ ZIP: _____
PHONE: _____

UNIT TRANSFER

PREVIOUS UNIT #: _____ DEPT: _____ NEW UNIT #: _____ DEPT: _____

MEMBER SIGNATURE NEW UNIT OFFICER SIGNATURE

DISCONTINUE MEMBERSHIP

☐ Health/Age ☐ Meeting Inconvenient ☐ Distance to Unit ☐ Dues Amount Unaffordable
☐ No Contact ☐ Member Expelled

ADDITIONAL INFORMATION

MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED
DATE OF BIRTH: ____/____/____ CORRECTED JOIN DATE: ____/____/____
EMAIL ADDRESS: _____

WHITE COPY TO DEPARTMENT

YELLOW COPY TO UNIT