



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

MEMBER DATA FORM

MEMBER ID# _____

UNIT #: _____

DATE: _____

NAME: _____

☐ SR

☐ JR

☐ PUFL

Address on record: _____

☐ DECEASED - DATE OF DEATH ____/____/____

Submitted by: _____

NAME/ADDRESS CORRECTIONS

If there is an address change include old address above.

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: _____