



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: _____