



AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Member ID # [ ] [ ] [ ] [ ]  
(Required for all changes)

Date [ ] / [ ] / [ ]

Name [ ]  
[ ]  
[ ]

Department  OK  SR  JR  DECEASED, date of death [ ] [ ] [ ]  
Unit # [ ]  
 VIM  Honorary Life Member  
 Life Member (Depts of CO, ND, SD ONLY)

CORRECTIONS

Old Information

New Information

Name [ ]  
Former Address [ ]  
Former City [ ]  
Former State [ ] Zip [ ]  
Former Telephone # ( [ ] ) [ ]

Name [ ]  
New Address [ ]  
New City [ ]  
New State [ ] Zip [ ]  
New Telephone # ( [ ] ) [ ]

UNIT TRANSFERS

PREVIOUS Unit # [ ] Department [ ]  
[ ] Date [ ] / [ ] / [ ]  
Signature – Member (Required)

NEW Unit # [ ] Department [ ]  
[ ] Date [ ] / [ ] / [ ]  
Signature – New Unit Officer (Required)

ADDITIONAL INFORMATION

Marital Status:  Married  Single  Widowed  Divorced Date of Birth [ ] / [ ] / [ ]

Continuous Years of Membership [ ] for [ ] (Paid Year)

E-mail address [ ]

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

- April 6, 1917 – November 11, 1918
- December 7, 1941 to present or to a time later determined by federal Government

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

# in Household [ ] Occupation [ ]

(Make a copy for your records)