



THE AMERICAN LEGION

MEMBER DATA FORM MDF

Date _____

(Please use ink and print clearly using UPPERCASE letters)

Member ID# (9-digit)		Dept.	Post#
First Name	MI	LastName	Suffix

MEMBERSHIP RECORD CHANGE

- ☐ Deceased Honorary Life Membership Code: ☐ Add ☐ Delete
☐ Member above holds an elected office or appointment within the Department or District

NAME CORRECTION

First Name	MI	Last Name	Suffix
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NEW ADDRESS

Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

Member Transferring FROM:	Department (Alpha Code)	Former Post #
Member Transferring TO:	Department (Alpha Code)	New Post#

WAR ERA (Mark all that apply)

<input type="checkbox"/> 12/7/41 - 12/31/46 (WWII)	<input type="checkbox"/> 6/25/50 - 1/31/55 (Korea)
<input type="checkbox"/> 2/28/61 - 5/7/75 (Vietnam)	<input type="checkbox"/> 8/24/82 - 7/31/84 (Grenada/Lebanon)
<input type="checkbox"/> 12/20/89 - 1/31/90 (Panama)	<input type="checkbox"/> 8/2/90 - Present (Gulf War/War on Terrorism)

GENDER

- ☐ Male
☐ Female

DATE OF BIRTH

MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP

#Years	Last Paid Membership Year
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BRANCH OF SERVICE

<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Merchant Marines (WWII only)	<input type="checkbox"/> Navy
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EMAIL ADDRESS

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Post Adjutant's Name
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Member's Name
(Required for Transfers)