



(Please use ink and print clearly using UPPERCASE letters)

|                       |    |           |        |
|-----------------------|----|-----------|--------|
| Member ID # (9-digit) |    | Dept.     | Post # |
| First Name            | MI | Last Name | 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 |

|             |  |            |          |
|-------------|--|------------|----------|
| NEW ADDRESS |  |            |          |
| Line 1      |  |            |          |
| Line 2      |  |            |          |
| City        |  | State      | ZIP Code |
| Home Phone  |  | Cell Phone |          |

|               |
|---------------|
| EMAIL ADDRESS |
|               |

|               |                                        |
|---------------|----------------------------------------|
| DATE OF BIRTH | CONTINUOUS YEARS OF MEMBERSHIP         |
| MM/DD/YYYY    | # Years      Last Paid Membership Year |

|                           |                         |               |                                                               |
|---------------------------|-------------------------|---------------|---------------------------------------------------------------|
| Member Transferring FROM: | Department (Alpha Code) | Former Post # | GENDER                                                        |
| Member Transferring TO:   | Department (Alpha Code) | New Post #    |                                                               |
|                           |                         |               | <input type="checkbox"/> Male <input type="checkbox"/> Female |

|                                                  |                                          |                                  |                                          |
|--------------------------------------------------|------------------------------------------|----------------------------------|------------------------------------------|
| WAR ERA (Mark all that apply)                    |                                          |                                  |                                          |
| <input type="checkbox"/> Global War on Terrorism | <input type="checkbox"/> Panama          | <input type="checkbox"/> Vietnam | <input type="checkbox"/> WWII            |
| <input type="checkbox"/> Gulf War                | <input type="checkbox"/> Grenada/Lebanon | <input type="checkbox"/> Korea   | <input type="checkbox"/> Other Conflicts |

|                                    |                               |                                      |                                  |                                                       |                               |                                      |
|------------------------------------|-------------------------------|--------------------------------------|----------------------------------|-------------------------------------------------------|-------------------------------|--------------------------------------|
| 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 | <input type="checkbox"/> Space Force |

Signature – Post Adjutant  
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Signature – Member  
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE

THE AMERICAN LEGION  
MEMBER DATA FORM  
**INSTRUCTIONS**

**Please clearly print or type the information when filling out the form.**

Information that is illegible or incomplete is subject to error. Your help in ensuring the accuracy of the information reported is appreciated and will assist National Headquarters in maintaining a more accurate database for members of The American Legion.

The Member Data Form should be used to report:

- Name/Address Changes
- Date of Birth
- Email Additions or Changes
- Continuous Years Changes
- Post Transfers
- Deceased Members

The Member ID Number, Post Number and the name of the Department is required for a Member Data Form to be processed by National Headquarters.

**The following pertains to transfers only:**

*The transfer from one post to another is a privilege granted to any paid-up Legionnaire with the approval of the post to which the member desires to transfer.*

**A TRANSFER MAY BE MADE UNDER THE FOLLOWING RULES:**

1. No transfer shall be made unless the member requesting transfer has a membership card showing the member is in good standing at the time the transfer is requested.
2. No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one post to another. The accepting post may require payment of the difference in dues on a pro-rated basis if dues are higher than the transferring member's former post.
3. A Legionnaire desiring transfer of membership must first secure approval from the post to which transfer is desired. This may be done orally or in writing. The Adjutant of the new post will complete and route the parts of the form as instructed.
4. Department or National Headquarters will transfer the member's record to the new post, provided that member's current record is on file and provided the information on the transfer is complete.
5. No member may transfer to another post if the member has disciplinary actions within their post and this post has notified National Headquarters of the situation.

**ROUTE THE PARTS OF THE MEMBER DATA FORM AS FOLLOWS:**

Parts 1-3: Send to department headquarters. The department will either process the transfer or forward part 1 to National, retain part 2, and mail part 3 to the transferring post.

Part 4: Post should keep for their files.

*Note: The signature of the Post Adjutant is required in reporting an Honorary Life Member, a deceased member, a transfer or a continuous years change.*