

**AMERICAN LEGION, AUXILIARY  
MEMBER DATA FORM  
INSTRUCTIONS**

1. The Member Data Form should be used to report name changes, address changes, continuous year changes, Unit transfers and deceased member(s).
2. The Member ID Number and address, Unit Number and name of Department are required for a Member Data Form to be processed by National Headquarters.
3. Although the information requested under "Additional Information" is optional, whenever possible this Information should be provided. This Will permit National Headquarters to maintain a more comprehensive database of American Legion Auxiliary membership.

The following Information pertains to transfers only:

Transfer from one Unit to another is a privilege granted to any paid-up Auxiliary member only with the approval of the Unit to which the member desires to transfer.

**TRANSFER MAY BE MADE UNDER THE REGULATIONS LISTED BELOW:**

1. No transfer shall be made unless the member requesting transfer has a membership card showing that she is a member in good standing at the time transfer is requested. Members whose dues for the current calendar year are not paid by January 31st of that year are suspended, are not in good standing, and are not eligible for transfer.
2. No charge shall be made to the members for the privilege of transfer and no dues shall be transferred from one Unit to another. The accepting Unit may require payment of difference in dues on a pro-rata basis if dues are higher than transferring member's former Unit.
3. An Auxiliary member desiring transfer of membership must first-secure approval from the Unit to which transfer is desired. She must do this orally or by letter. The Secretary of the new Unit will then complete and route the parts of the form as instructed below. She will also contact the old Unit to inform them of the transfer.
4. National Headquarters will carry, through necessary procedures to transfer members Record to the new Unit, provided member's current record is on file and provided information on transfer certificate is complete.
5. Life Members belonging lo the Departments of Colorado, Nebraska, North Dakota and South Dakota should check with their Department Headquarters prior to making a transfer.
6. Print 3 copies of Page 2. Route the three copies of the Member Data Form as follows: Mail 2 copies to Department Headquarters, (Department will forward 1 to National and retain 1.)

Retain 1 copy in Unit Files.

**(Note: Signature of Unit Secretary is required in reporting a transfer of a continuous years change)**

**Please Print or Type**

AMERICAN LEGION AUXILIARY  
**MEMBER DATA FORM**

 Member ID# \_\_\_\_\_  
*(Required for all changes)*

Date \_\_\_\_\_

 Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department \_\_\_\_\_ Unit # \_\_\_\_\_

 SR                       JR                       Deceased

 VIM                       Honorary Life Member

 Life Member (Depts of CD, ND, SD ONLY)

**CORRECTIONS**
**Old Information**

 Name \_\_\_\_\_  
 Former Address \_\_\_\_\_  
 Former City \_\_\_\_\_  
 Former State \_\_\_\_\_ Zip \_\_\_\_\_  
 Former Telephone # (     ) \_\_\_\_\_

**New Information**

 Name \_\_\_\_\_  
 New Address \_\_\_\_\_  
 New City \_\_\_\_\_  
 New State \_\_\_\_\_ New Zip \_\_\_\_\_  
 New Telephone # (     ) \_\_\_\_\_

 Continuous Years Membership \_\_\_\_\_ For \_\_\_\_\_ *(Paid Year)*
**UNIT TRANSFERS**

Previous Unit # \_\_\_\_\_ Department \_\_\_\_\_ New Unit # \_\_\_\_\_ Department \_\_\_\_\_

 \_\_\_\_\_  
 Signature - Unit Secretary *(Required)*

 \_\_\_\_\_  
 Signature - Member

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> WWI (4/6/17 - 11/11/18)   | <input type="checkbox"/> WWII (12/7/41 - 12/31/46)            | <input type="checkbox"/> Korea (6/25/50 - 1/31/55)   |
| <input type="checkbox"/> Vietnam (2/28/61 - 5/7/75)  | <input type="checkbox"/> Grenada, Lebanon (8/24/82 - 7/31/84) | <input type="checkbox"/> Panama (12/20/89 - 1/31/90) |
| <input type="checkbox"/> Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by U.S. Govt.) |   |  |

**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

 Marital Status:     Married     Single                      Social Security # \_\_\_\_\_

No. in household \_\_\_\_\_    Occupation \_\_\_\_\_    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**NATIONAL**