



# THE AMERICAN LEGION | MEMBER DATA FORM

Date \_\_\_\_\_

(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
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### NEW ADDRESS

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

### EMAIL ADDRESS

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### DATE OF BIRTH

MM/DD/YYYY

### CONTINUOUS YEARS OF MEMBERSHIP

# Years

Last Paid Membership Year

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

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

Signature – Member  
(Required for Transfers)

**To submit Form electronically, Download this form to your device, complete all fields and then click "Submit" below.**