



# 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

<b>NAME CORRECTION</b>			
First Name	MI	Last Name	Suffix

<b>NEW ADDRESS</b>			
Line 1			
Line 2			
City	State	ZIP Code	
Home Phone		Cell Phone	

Member Transferring <b>FROM:</b>	Department (Alpha Code)	Former Post #
Member Transferring <b>TO:</b>	Department (Alpha Code)	New Post #

<b>WAR ERA</b> (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)

<b>GENDER</b>
<input type="checkbox"/> Male
<input type="checkbox"/> Female

<b>DATE OF BIRTH</b>
MM/DD/YYYY

<b>CONTINUOUS YEAR OF MEMBERSHIP</b>	
# Years	Last Paid Membership Year

<b>BRANCH OF SERVICE</b>					
<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

<b>EMAIL ADDRESS</b>

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

\_\_\_\_\_  
 Signature – Member  
*(Required for Transfers)*

**SEE INSTRUCTIONS ON REVERSE SIDE**