Sons of the American Legion - Member Data Form

(Please use ink and print clearly using UPPERCASE letters)

Date ____________________

Member ID# (9-digit) ☐☐☐☐☐☐☐☐☐ **Detach.** ☐☐ Alpha Code **Squadron#** ☐☐☐☐

Name ☐☐☐☐☐☐☐☐☐☐ (First) ☐ (MI) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Last) ☐☐☐ (Suffix)

MEMBERSHIP RECORD CHANGE

☐ **Deceased** ☐ **Honorary Life Membership** (Awarded by Post/Squadron)

Name Correction

☐☐☐☐☐☐☐☐☐☐ First ☐ MI ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Last ☐☐☐ Suffix

New Address

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐ **Zip Code** ☐☐☐☐☐

Telephone# ☐☐☐-☐☐☐-☐☐☐☐ **E-Mail Address:** ____________________

Date of Birth ☐☐ Month - ☐☐ Day - ☐☐☐☐ Year (4-digit) **Cont. Years Mbsp:** ☐☐ # Years **for** ☐☐☐☐ Paid Mbsp Year

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Member Transferring from: **Detachment** ☐☐ Alpha Code **Former Squadron #** ☐☐☐☐

Member Transferring to: **Detachment** ☐☐ Alpha Code **New Post #** ☐☐☐☐

Applicant is ☐ Son ☐ Adopted Son ☐ Stepson ☐ Grandson of ______________________________,
who is (a) a member in good standing of Post # ________ **in the Department of** ____________________;
or (b) a deceased veteran who served honorably during the period ____________ Entry Date **through** ____________ Discharge Date.

____
Signature - Post/Squadron Adjutant
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

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Signature - Member/Guardian
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE

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