

American Legion Auxiliary * P O Box 606 * Montgomery, AL. 36101

Member/Transfer Data Form

Member ID# _____ Date: _____

Department: _____ Unit: _____

Name: _____ Sr _____ Jr _____ Deceased (date of death _____)

_____ VIM _____ Honorary Life Member

CHANGE OF ADDRESS OR NAME CHANGE:

Old Information:

New Information:

Name: _____

Name: _____

Former Address: _____

Current Address: _____

Former City: _____

Current City: _____

Former State/Zip: _____

Current State/Zip: _____

Former Phone: _____

Current Phone: _____

Former Email: _____

Current Email: _____

TRANSFER INFORMATION:

Previous Unit: _____ Dept: _____ New Unit: _____ New Dept: _____

Member Signature (Required)

New Unit Officer Signature (Required)

Marital Status: _____ Married _____ Single _____ Widowed _____ Divorced _____ Date of Birth

Continuous Years of Membership: _____ (# of Years) for _____ (Year Paid)

WAR ERA OF ELIGIBILITY: (What War Era did the living or deceased Veteran serve?)

_____ WWI (4/6/17-11/11/18) _____ WWII (12/7/41-12/31/46) _____ Merchant Marines (12/7/41-12/31/46)

_____ Korea (6/25/50-1/21/50) _____ Vietnam (2/28/61-5/7/75) _____ Lebanon/Grenada (8/24-82-7/31/84)

_____ Panama (12/20/89-1/31/90) _____ Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

UNITED STATES BRANCH OF SERVICE: (Which Service did the living or deceased Veteran serve?)

_____ Air Force _____ Army _____ Marines _____ Navy _____ Coast Guard _____ Merchant Marines

in Household: _____ Occupation: _____