



AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Member ID # _____

Dept. _____

Unit # _____

Name _____

SR JR PUFL Honorary Life Member **DECEASED**, date of death ____/____/____

CORRECTIONS

Old Information

New Information

Name _____

Name _____

Former Address _____

New Address _____

Former City _____

New City _____

Former State _____ Zip _____

New State _____ Zip _____

Former Telephone # _____

New Telephone # _____

Continuous Years Correction _____

Join Date Correction _____

UNIT TRANSFERS

PREVIOUS Unit # _____ Department _____

NEW Unit # _____ Department _____

_____ Date _____

_____ Date _____

Signature of Member (**Required**)

Signature of New Unit Officer (**Required**)

ADDITIONAL INFORMATION

Marital Status: Married Single Widowed Divorced Date of Birth _____

E-Mail Address _____

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

WWI (4/6/17-11/11/18) WWII (12/7/41-12/31/46) Korea (6/25/50-1/31/55) Vietnam (2/28/61-5/7/75)

Grenada, Lebanon (8/24/82) Panama (12/20/89-1/31/90) Merchant Marines (12/7/41-8/15/45 Only Eligibility)

Gulf War/War on Terrorism (8/2/90—Cessation of hostilities)

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

Submit completed form to National Headquarters, Membership Division, your Department and retain a copy for your Unit.