AMERICAN LEGION AUXILIARY
MEMBER DATA FORM

Member ID #: ___________________________  Department: NORTH DAKOTA
Name: ___________________________________  Unit #: ___________________________

☐ SR.  ☐ JR  ☐ PUFL  ☐ Honorary Life Member (Unit)  ☐ Deceased, date of death: ____________

CORRECTIONS

Old Information  New Information
Name: _________________________________ Name: _________________________________
Former Addr: __________________________ New Addr: _______________________________
Former City: __________________________ New City: _______________________________
Former ST: ___________ Zip: ___________  New ST: ___________ Zip: ___________
Former Phone: __________________________ New Phone: ___________________________
Continuous Years Correction: ___________  Join Date Correction: ________________

UNIT TRANSFERS

PREVIOUS Unit #: ______________ Dept: ______  NEW Unit # ______________________ Dept: ______

Member Signature (Required): __________________________ Date: ______________________

Signature of New Unit Officer (Required): __________________________

Marital Status: ☐ Married  ☐ Single  ☐ Widowed  ☐ Divorced  Date of Birth: ________________

ADDITIONAL INFORMATION

Email Address: ___________________________________________________________________________________

War Era of Eligibility (The veteran, living or deceased, served in)

☐ World War I (4/6/1917 – 11/11/1918)
☐ Veteran who served in the United States Armed Forces any time after December 7, 1941. Per the American Legion Act signed in August 2019.

Branch of Service Eligibility (The veteran, living or deceased, served in)


Submit completed form to: American Legion Auxiliary Department of North Dakota
1801 23rd Ave N, Room 113
Fargo, ND 58102-1047