



This form is available on line
www.amlegionauxwi.org

American Legion Auxiliary - Department of Wisconsin
PO Box 140 - Portage WI 53901
608-745-0124 - Toll free 866-664-3863 - Fax 608-745-1947

MEMBER DATA FORM

**Same form different look.* - Department only needs 1 copy*

Member ID # _____
Required for all changes

Date _____ Unit # _____

Name _____

Sr Jr

DROP/CANCEL

HLM (Honorary Life Member)

DECEASED - *Was this member a Unit/County/District Officer? If "YES" please submit a revised Unit/County/District Officer Form to Headquarters providing the updated contact information for this position.*

CORRECTIONS

Name _____

Name _____

Former Address _____

New Address _____

Former City _____

New City _____

Former State _____

New State _____

Former Zip _____

New Zip _____

Former Telephone # _____

New Telephone # _____

Email Address _____

Email Address _____

Is this member a Unit/County/District Officer? If "YES" please submit a revised Unit/County/District Officer Form to Headquarters providing the updated contact information for her position.

UNIT TRANSFERS

Previous Unit # _____ Dept. (State) _____

New Unit # _____

Signature - Member **(Required)**

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

Signature (person submitting this form please sign) _____

Unit President/Secretary/Membership Chairman