



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

Member ID # _____
Required for all changes

Date _____ Unit # _____

Name _____

- Sr Jr
- DROP/CANCEL
- REJOIN
- HLM (Honorary Life Member)

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

CORRECTIONS

Name _____

Former Address _____

Former City _____

Former State _____

Former Zip _____

Former Telephone # _____

Email Address _____

Name _____

New Address _____

New City _____

New State _____

New Zip _____

New Telephone # _____

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 Membership Chairman (**Required**)

Signature (*person submitting this form please sign*) _____