



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

**\*\*\*Does this person hold a Unit/County/District officer or chairman position?\*\*\***

**YES** – What position? \_\_\_\_\_ **NO**

Member ID # \_\_\_\_\_ Date \_\_\_\_\_ Unit # \_\_\_\_\_  
*Required for all changes*

Name \_\_\_\_\_ **Sr** **Jr**

Address \_\_\_\_\_

City \_\_\_\_\_

DECEASED      DROP/CANCEL      REJOIN      HLM (Honorary Life Member)

### OLD INFORMATION

### NEW INFORMATION

Name \_\_\_\_\_

Name \_\_\_\_\_

Former Address \_\_\_\_\_

New Address \_\_\_\_\_

Former City \_\_\_\_\_

New City \_\_\_\_\_

Former State \_\_\_\_\_

New State \_\_\_\_\_

Former Zip \_\_\_\_\_

New Zip \_\_\_\_\_

Former phone # \_\_\_\_\_

New phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

## **UNIT TRANSFERS**

*Previous* Unit # \_\_\_\_\_ Dept. (State) \_\_\_\_\_ *New* Unit # \_\_\_\_\_

\_\_\_\_\_  
Signature – Member (*Required*)

\_\_\_\_\_  
Signature – New Unit Membership Chairman (*Required*)

Signature (*person submitting this form please sign*) \_\_\_\_\_