



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

YES - What position? _____

NO

Member ID # _____
Required for all changes

Date _____ Unit # _____

Name _____

Sr

Jr

Address _____

City _____

DECEASED

DROP/CANCEL

REJOIN

HLM (Honorary Life Member)

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)* _____