

Department of Wisconsin

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MEMBER CHANGE FORM

*****Does 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)

OLD INFORMATION

Name _____

Former Address _____

Former City _____

Former State _____

Former Zip _____

Former phone # _____

Email Address _____

NEW INFORMATION

Name _____

New Address _____

New City _____

New State _____

New Zip _____

New phone # _____

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*) _____