THE AMERICAN LEGION – MEMBER DATA FORM

(Please use ink and print clearly using UPPERCASE letters)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Member ID# (9 digit)** |  |  |  |  |  |  |  |  |  |  | **Dept.** |  |  |  |  | **Post #** |  |  |  |  |

Alpha Code

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| **Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

First MI Last Suffix

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|  MEMBERSHIP RECORD CHANGE  |

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|  | **Deceased** |  | **Honorary Life Membership** (Awarded by Post) |
|  |  |  |  |
|  |  |  | **Paid-Up-For-Life** (Purchased – for Post use only) |

**Name Correction**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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First MI Last Suffix

**New Address**

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| Line 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Line 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | State |  |  | Zip |  |  |  |  |  |

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|  | **Check if applicable** |  |

Member holds the above elected office or appointment in the Department or District

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| **Telephone#** |  |  |  | - |  |  |  | - |  |  |  |  |  | **Email:** |  |

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| **Date of Birth** |  |  | - |  |  | - |  |  |  |  |  |  | **Cont. Years Membership** |  |  | **for** |  |  |  |  |

Month Day Year (4 digit) #Years Paid Mbrshp Year

**War Era** Mark the appropriate box with an “X”. If more than one applies, please mark the earliest War Era served.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 12/7/41-12/31/46 (WWII) |  | 6/25/50-1/31/55 (Korea) | **Active Duty Dates (MM/DD/YYYY)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2/28/61-5/7/75 (Vietnam) |  | 8/24/82-7/31/84 (Grenada/Lebanon) | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
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|  | 12/20/89-1/31/90 (Panama) |  | 8/2/90-Present (Gulf War/War on Terrorism) | To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Branch of Service** |  |  | Air Force |  |  | Army |  |  | Coast Guard |  |  | Marines |  |  | Navy |

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| Member Transferring From: |  |  |  | Department |  |  | Alpha Code | Former Post# |  |  |  |  |

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| Member Transferring To: |  |  |  | Department |  |  | Alpha Code | New Post# |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature – Post Adjutant |  | Signature – Member |
| (Required for Transfers, Deceased, Honorary Life, and Cont. Years change) |  | (Required for Transfers) |

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Please send three copies to Department Headquarters

Retain a copy for your records