

THE AMERICAN LEGION – MEMBER DATA FORM

(Please use ink and print clearly using UPPERCASE letters)

Date: _____

Member ID# (9 digit) Dept. Alpha Code Post #

Name First MI Last Suffix

⇓ MEMBERSHIP RECORD CHANGE ⇓

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

Name Correction

First MI Last Suffix

New Address

Line 1

Line 2

City State Zip

Check if applicable _____ Member holds the above elected office or appointment in the Department or District

Telephone# - - Email: _____

Date of Birth - - Cont. Years Membership #Years for Paid Mbrshp Year

Month Day Year (4 digit)

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

<input type="checkbox"/> 12/7/41-12/31/46 (WWII)	<input type="checkbox"/> 6/25/50-1/31/55 (Korea)	Active Duty Dates (MM/DD/YYYY) From _____ To _____
<input type="checkbox"/> 2/28/61-5/7/75 (Vietnam)	<input type="checkbox"/> 8/24/82-7/31/84 (Grenada/Lebanon)	
<input type="checkbox"/> 12/20/89-1/31/90 (Panama)	<input type="checkbox"/> 8/2/90-Present (Gulf War/War on Terrorism)	

Branch of Service Air Force Army Coast Guard Marines Navy

Member Transferring From: Department Alpha Code Former Post#

Member Transferring To: Department Alpha Code New Post#

Signature – Post Adjutant

(Required for Transfers, Deceased, Honorary Life, and Cont. Years change)

Signature – Member

(Required for Transfers)

Please send three copies to Department Headquarters
Retain a copy for your records