



American Legion Auxiliary Department of Ohio



MEMBER DATA FORM

Member ID# *(Required)* _____ Date: ____/____/____

Name on Roster: _____ Dist #/Unit # _____/_____

SR JR Deceased – Date of Death: ____/____/____ VIM/PUFL Honorary Life Member

Check here if Member is currently Unit President/Secretary/Treasurer/Membership

CORRECTIONS

<i>Old Information</i>	<i>New Information</i>
<i>Please Type or Print Legibly</i>	
Name _____	<i>New</i> Name _____
Former Address _____	<i>New</i> Address _____
Former City _____	<i>New</i> City _____
Former State _____	<i>New</i> State _____
Former Zip _____	<i>New</i> Zip _____
Former Telephone # _____	<i>New</i> Telephone # _____
Former Email Address _____	<i>New</i> Email Address _____

UNIT TRANSFERS

Previous Unit # _____	<i>NEW</i> Unit # _____
Previous Department _____	<i>NEW</i> Department _____
Continuous Years _____	for _____ <i>(paid year)</i>
Signature – Member <i>(Required)</i> _____	Signature of <i>New</i> Unit Officer <i>(Required)</i> _____
Date: _____	Date: _____

JUNIOR TO SENIOR

Senior Member moving to a Junior Member

Junior Member moving to a Senior Member Date of Birth *(Required)* _____

Member Name _____

Send completed form to: **AMERICAN LEGION AUXILIARY
DEPARTMENT OF OHIO
PO BOX 2760
ZANESVILLE, OHIO 43702-2760**

(740) 452-8245