



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/District Chairman

CORRECTIONS

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

UNIT TRANSFERS

Previous Unit # _____	<i>NEW</i> Unit # _____
Previous Department/State _____	<i>NEW</i> Department/State _____
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**

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