



*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</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 # _____ *NEW* Unit # _____

Previous Department/State _____ *NEW* Department/State _____

Continuous Years _____ for _____ (*paid year*)

Signature – Member (*Required*)

Signature of *New* Unit Officer (*Required*)

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

Phone: (740) 452-8245
Fax (740) 452-2620
vicky@alaohio.org