



AMERICAN LEGION AUXILIARY
MEMBER DATA FORM

Member ID# _____ Date: _____
(Required for all changes)
Department: _____ Unit: _____

Name: _____

SR JR DECEASED
 PUFL *date of death* _____
 Honorary Life Member

CORRECTIONS

| Old Information | | New Information | |
|-----------------|-----------------|-----------------|-----------------|
| Name | _____ | Name | _____ |
| Former Address | _____ | New Address | _____ |
| Former City | _____ | New City | _____ |
| Former State | _____ Zip _____ | New State | _____ Zip _____ |
| Former Phone # | _____ | New Phone # | _____ |

UNIT TRANSFERS

PREVIOUS Unit# _____ Department _____ NEW Unit# _____ Department _____
Signature - Member (Required) _____ Signature - New Unit Officer (Required) _____ Date _____

ADDITIONAL INFORMATION

Marital Status: Married Single Widowed Divorced Date of Birth: ____ / ____ / ____
Continuous Years of Membership _____ for _____ (Paid Year)
E-mail address _____

WAR ERA OF ELIGIBILITY *(The Veteran, living, deceased, served in:)*
 WWI (4/6/17 - 11/11/18) WWII (12/7/41 - 12/31/46) Korea (6/25/50 - 1/31/55)
 Vietnam (2/28/61 - 5/7/75) Grenada, Lebanon (8/24/82 - 7/31/84) Panama (12/20/89 - 1/31/90)
 Merchant Marine (12/7/41 - 8/15/45 Only Eligibility)
 Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by the US Government)

BRANCH OF SERVICE OF ELIGIBILITY *(The Veteran, living or deceased, served in:)*
 US Air Force US Army US Marines US Navy US Coast Guard US Merchant Marines