



American Legion Auxiliary
 Department of Washington
 PO BOX 5867 LACEY, WA 98509-5867

MEMBER DATA FORM

MEMBER ID# _____ UNIT #: _____
 DATE: _____

NAME: _____ SR JR PUFL
 _____ DECEASED – DATE OF DEATH ____/____/____

NAME/ADDRESS CORRECTIONS

NEW INFORMATION

NAME: _____ CITY: _____
 ADDRESS: _____ STATE: _____ ZIP: _____
 PHONE: _____

UNIT TRANSFER

PREVIOUS UNIT #: _____ DEPT: _____ NEW UNIT #: _____ DEPT: _____

_____ MEMBER SIGNATURE _____ NEW UNIT OFFICER SIGNATURE

DISCONTINUE MEMBERSHIP

Health/Age Meeting Inconvenient Distance to Unit Dues Amount Unaffordable
 No Contact Member Expelled

ADDITIONAL INFORMATION

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED

DATE OF BIRTH: ____/____/____ CORRECTED JOIN DATE: ____/____/____

EMAIL ADDRESS: _____

WHITE COPY TO DEPARTMENT

YELLOW COPY TO UNIT