



AMERICAN LEGION AUXILIARY MEMBER DATA FORM

Member ID# _____

Date _____

(Required for all changes)

Name _____

CALIFORNIA Unit # _____ District # _____

SR JR DECEASED, date of death ____/____/____

PUFL 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 Telephone # (____) _____	New Telephone # (____) _____
Email Address _____	Email Address _____

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

ADDITIONAL INFORMATION

Continuous Years of Membership _____ for _____ *(Paid Years)*

Comments or Notes:

