



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 # _____	NEW Unit # _____
Previous Department/State _____	NEW 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
1100 BRANDYWINE BLVD, STE D
ZANESVILLE, OHIO 43701-7303**

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