



THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(Please use ink and print clearly using UPPERCASE letters)

Member ID# (9-digit)			Dept.	Post #
First Name	MI	Last Name		Suffix

MEMBERSHIP RECORD CHANGE

- ☐ Deceased Honorary Life Membership Code: ☐ Add ☐ Delete
- ☐ Member above holds an elected office or appointment within the Department or District

NAME CORRECTION

First Name	MI	Last Name	Suffix
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NEW ADDRESS

Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

EMAIL ADDRESS

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DATE OF BIRTH

MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP

Years

Last Paid Membership Year

Member Transferring FROM:	Department (Alpha Code)	Former Post #	GENDER ☐ Male ☐ Female
Member Transferring TO:	Department (Alpha Code)	New Post #	

WAR ERA (Mark all that apply)

☐ Global War on Terrorism	☐ Panama	☐ Vietnam	☐ WWII
☐ Gulf War	☐ Grenada/Lebanon	☐ Korea	☐ Other Conflicts

BRANCH OF SERVICE

☐ Air Force	☐ Army	☐ Coast Guard	☐ Marines	☐ Merchant Marines (WWII only)	☐ Navy
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Signature – Post Adjutant
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Signature – Member
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE