AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Member ID # _____ Date _____

(required for all changes)

Department __WY__ Unit # _____

Name _____ ☐ SR ☐ JR ☐ DECEASED, Date of death __/__/__.

_____ ☐ VIM ☐ Honorary Life Member

_____

CORRECTIONS	
Old Information	New Information
Name	Name
Former Address	New Address
Former City Former State	New City New State
Former Telephone # ( )	New Telephone # ( )
UNIT TRANSFERS	
Previous Unit # Department	NEW Unit # Department
_____.	_____.
Signature – Member (required)	Signature – New Unit Officer (required)
ADDITIONAL INFORMATION	
Marital Status: ___ Married ___ Single __Widowed __Divorced Date of Birth __/__/__.	
Continuous Years of Membership _____for _____ (Pd Year)	
E-mail address _____	
WAR ERA OF ELIGIBILITY (The Veteran, living or 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 – 7/31/82) ☐ Panama (12/20/89 – 1/31/90)	
☐ Merchant Marines (12/7/41 – 8/15/45 Only Eligibility)	
☐ Persian Gulf War (8/2/90 – Cessation of hostilities as determined by the U.S. Government	
BRANCH OF SERVICE OF ELIGIBILITY (The Veteran, living or deceased, served in:)	
☐ U.S. Air Force ☐ U.S. Army ☐ U.S. Marines ☐ U.S. Navy ☐ U.S. Coast Guard ☐ U.S. Merchant Marines	
# in Household_____ Occupation_____.	