

Date			

(Please use ink and print clearly using UPPERCASE letters)												
Member ID # (9-digit)			Dept. Post #		t #							
First Name		MI	Last Name				Suffix					
	MEMBE	CLID	PECOPD CHANG	:=								
MEMBERSHIP RECORD CHANGE  Henerary Life Membership Codes Add A Delete												
<ul> <li>□ Deceased Honorary Life Membership Code: □ Add □ Delete</li> <li>□ Member above holds an elected office or appointment within the Department or District</li> </ul>												
NAME CORRECTION												
First Name MI			Last Name				Suffix					
NEW ADDRESS												
Line 1												
Line 2												
City						State ZIP Code						
Home Phone	Cell Phone											
EMAIL ADDRESS												
DATE OF BIRTH	CONTINUOUS YEARS OF MEMBERSHIP											
MM/DD/YYYY			# Years									
Member Transferring <b>FROM</b> :	Department (Alpha Code)		Former Post #		GENDER							
Member Transferring <b>TO</b> :	Department (Alpha Code)		New Post #		☐ Male	[	☐ Female					
WAR ERA (Mark all that apply)												
☐ Global War on Terrorism ☐ Panama			☐ Vietnam		□ wwii							
☐ Gulf War ☐ Grenada/Lebanon			☐ Korea ☐ Other Conflicts									
BRANCH OF SERVICE				Пи Пс -								
☐ Air Force ☐ Army	☐ Coast Guard ☐	Marines	Merchant Marines (	WWII only)	☐ Navy	∟ Sp	pace Force					
Signature — Pc (Required for Transfers, Deceased, Hon	Signature – Member (Required for Transfers)											

# THE AMERICAN LEGION MEMBER DATA FORM

## **INSTRUCTIONS**

### Please clearly print or type the information when filling out the form.

Information that is illegible or incomplete is subject to error. Your help in ensuring the accuracy of the information reported is appreciated and will assist National Headquarters in maintaining a more accurate database for members of The American Legion.

The Member Data Form should be used to report:

- Name/Address Changes
- Date of Birth
- Email Additions or Changes
- Continuous Years Changes
- Post Transfers
- Deceased Members

The Member ID Number, Post Number and the name of the Department is required for a Member Data Form to be processed by National Headquarters.

#### The following pertains to transfers only:

The transfer from one post to another is a privilege granted to any paid-up Legionnaire with the approval of the post to which the member desires to transfer.

#### A TRANSFER MAY BE MADE UNDER THE FOLLOWING RULES:

- 1. No transfer shall be made unless the member requesting transfer has a membership card showing the member is in good standing at the time the transfer is requested.
- 2. No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one post to another. The accepting post may require payment of the difference in dues on a pro-rated basis if dues are higher than the transferring member's former post.
- 3. A Legionnaire desiring transfer of membership must first secure approval from the post to which transfer is desired. This may be done orally or in writing. The Adjutant of the new post will complete and route the parts of the form as instructed.
- 4. Department or National Headquarters will transfer the member's record to the new post, provided that member's current record is on file and provided the information on the transfer is complete.
- 5. No member may transfer to another post if the member has disciplinary actions within their post and this post has notified National Headquarters of the situation.

#### ROUTE THE PARTS OF THE MEMBER DATA FORM AS FOLLOWS:

Parts 1-3: Send to department headquarters. The department will either process the transfer or forward part 1 to National, retain part 2, and mail part 3 to the transferring post.

Part 4: Post should keep for their files.

Note: The signature of the Post Adjutant is required in reporting an Honorary Life Member, a deceased member, a transfer or a continuous years change.