

American Legion Auxiliary Department of IOWA

MEMBER DATA FORM

Member ID # *(Required)* _____

Member's Name *(Required)* _____

Date: _____

Unit Town _____

SR JR Deceased Date of Death ____/____/____

Unit Number *(Required)* _____

PUFL Honorary Life Member

CORRECTIONS

Old Information

New Information

Name _____

Name _____

Former Address _____

New Address _____

Former City _____

New City _____

Former State _____

New State _____

Former Zip _____

New Zip _____

Former Telephone # _____

New Telephone # _____

Former Email Address _____

New Email Address _____

UNIT TRANSFERS

Previous Unit # _____

NEW Unit # _____

Previous Department _____

NEW Department _____

Continuous Years _____

for _____ *(paid year)*

Signature- Member *(Required)* _____

Signature of New Unit Officer *(Required)* _____

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 _____

Revised 5/1/12