

Member Id # (Required)		Member's Name (Requir	ed)
Unit # Deceased	Unit Town Date of Death		
Senior	Junior	PUFL	Honorary Life Member

CORRE	CTIONS
OLD INFORMATION	NEW INFORMATION

NAME	NAME
FORMER ADDRESS	NEW ADDRESS
FORMER CITY	NEW CITY
FORMER STATE	NEW STATE
FORMER ZIP	NEW ZIP
FORMER PHONE #	NEW PHONE#
FORMER EMAIL	NEW EMAIL

UNIT TRANSFERS				
PREVIOUS UNIT#	NEW UNIT #			
PREVIOUS DEPT	NEW DEPT			
CONTINUOUS YEARS	FOR (PAID YEAR)			
SIGNATURE MEMBER	SIGNATURE UNIT OFFICER			
DATE	DATE			

JUNIOR TO SENIOR				
		SENIOR MEMBER MOVING TO JUNIOR MEMBER		
		JUNIOR MEMBER MOVING TO A SENIOR MEMBER		
		DATE OF BIRTH		
		MEMBER NAME		

Department of Iowa American Legion Auxiliary 720 Lyon St. Des Moines, IA 50309