



The American Legion Member Data Form

Instructions

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

The Member Data Form should be used to report

- 1) Name/Address Changes
- 2) Date of Birth
- 3) Continuous Year Changes
- 4) Post Transfers
- 5) Deceased Members

Always clearly print the information in black or blue ink when completing the form. The Member name and ID#, Post# 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.

*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. Members whose dues for the current calendar year are not paid by February 1 of that year are suspended and are not in good standing and are not eligible for transfer.

*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.

*A Legionnaire requesting 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.

*National Headquarters will carry through by transferring the member's record to the new Post, provided the member's current record is on file and provided the information on the transfer is complete.

*Paid Life Members in the Departments of Kansas or Nebraska should check with their Department Headquarters prior to requesting transfer.

Route the Parts of the Member Data Form as Follows:

Parts 1-2: Send to Department Headquarters. The Department will forward part 1 to National, retain part 2. Mail part 3 to the Post that loses the member who transfers or to the Department for out of state transfers. Department Addresses can be found on page 67. 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 year change.*



(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	

Member Transferring FROM:	Department (Alpha Code)	Former Post #
Member Transferring TO:	Department (Alpha Code)	New Post #

WAR ERA (Mark all that apply)

<input type="checkbox"/> 12/7/41 – 12/31/46 (WWII)	<input type="checkbox"/> 6/25/50 – 1/31/55 (Korea)
<input type="checkbox"/> 2/28/61 – 5/7/75 (Vietnam)	<input type="checkbox"/> 8/24/82 – 7/31/84 (Grenada/Lebanon)
<input type="checkbox"/> 12/20/89 – 1/31/90 (Panama)	<input type="checkbox"/> 8/2/90 – Present (Gulf War/War on Terrorism)

GENDER

Male

Female

DATE OF BIRTH

MM/DD/YYYY

CONTINUOUS YEAR OF MEMBERSHIP

#Years	Last Paid Membership Year
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WAR ERA

Air Force Army Coast Guard Marines Merchant Marines (WWII only) Navy

EMAIL ADDRESS

Signature – Post Adjutant

(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Signature – Member

(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE