



**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF MAINE  
MEMBER DATA FORM**

DATE \_\_\_\_\_

Unit # \_\_\_\_\_

Member ID # \_\_\_\_\_  
(Required for all changes)

Dept. \_\_\_\_\_

Member Name \_\_\_\_\_

**DECEASED**, date of death \_\_\_\_\_

**CORRECTIONS**

New Name \_\_\_\_\_

New address \_\_\_\_\_

New City \_\_\_\_\_

New State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**UNIT TRANSFER**

PREVIOUS Unit # \_\_\_\_\_ Department \_\_\_\_\_ NEW Unit # \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_  
Signature – Member (Required for transfer) Date \_\_\_\_\_  
Signature – New Unit Officer (Required for transfer) Date \_\_\_\_\_

**MAIL COMPLETED FORM TO: MAINE ALA, 5 VERTI DRIVE, SUITE B, WINSLOW, ME 04901**