



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

DATE _____

Unit # _____
(Unit filling out this form)

Member ID # _____
(Required for all changes)

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 _____

(NOTE: NEW Unit needs to contact former Unit to insure member is not under disciplinary action. NEW Unit always needs to notify former Unit the member has transferred.)

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