

Sons of The American Legion - Member Data Form

(Please use ink and print clearly using UPPERCASE letters)

Date: _____

Member ID # (9 digit:)

Depart:
Alpha Code

Squadron #:

Name:

(First)

(Mi)

(Last

(Suffix)

MEMBERSHIP RECORD CHANGE

Deceased

Honorary Life Membership Awarded by Post / Squadron

Name Correction:

(First)

(Mi)

(Last

(Suffix)

Address Correction:

Line 1

Line 1

City

State

Zip Code

Telephone #

E-Mail Address _____

Date of Birth

Month

Day

Year (4-digits)

Cont. Years Mlbshp.:

Year

for

Paid Mbsp Year

Member Transferring from: Department (Alpha Code)

Former Squadron #

Member Transferring to: Department (Alpha Code)

New Squadron #

Applicant is Son Adopted Son Stepson Grandson of _____

who is (a) a member in good standing of Post # _____ in the Department of _____

or (b) a deceased veteran who served honorably during the period _____ through _____
Entry Date Discharge Date

Signature - Post/Squadron Adjutant

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

Signature - Member

(Required for - Transfers)

Send 3 copies to Department Headquarters and keep 1 copy for your Squadron records