



(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

NEW ADDRESS			
Line 1			
Line 2			
City		State	ZIP Code
Home Phone		Cell Phone	

Member Transferring FROM:	Department (Alpha Code)	Former Post #
	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
<input type="checkbox"/> Male
<input type="checkbox"/> Female

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP
# Years      Last Paid Membership Year

BRANCH OF SERVICE
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Merchant Marines (WWII only) <input type="checkbox"/> Navy

EMAIL ADDRESS

Signature – Post Adjutant  
*(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)*

Signature – Member  
*(Required for Transfers)*

THE AMERICAN LEGION  
MEMBER DATA FORM

**INSTRUCTIONS**

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

Information that is illegible or incomplete is subject to error. Your help in ensuring the accuracy of the information reported is appreciated and will assist National Headquarters in maintaining a more accurate database for members of The American Legion.

The Member Data Form should be used to report:

- Name/Address Changes
- Date of Birth
- Continuous Years Changes
- Post Transfers and
- Deceased Members

The Member ID No., Post No. 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.*

**A TRANSFER MAY BE MADE UNDER THE FOLLOWING RULES:**

1. 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.
2. 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.
3. A Legionnaire desiring 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.
4. National Headquarters will carry through by transferring the member's record to the new Post, provided that member's current record is on file and provided the information on the transfer is complete.
5. Kansas Paid Life Members should check with their Department Headquarters prior to transfer.

**ROUTE THE PARTS OF THE MEMBER DATA FORM AS FOLLOWS:**

Parts 1-3: Send to Department Headquarters. The Department will forward part 1 to National, retain part 2, and mail part 3 to the Post that loses the member who transfers.

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 years change.*