



AMERICAN LEGION AUXILIARY MEMBER DATA FORM

Member ID # _____
(Required for all changes)

Date _____

Department _____ Unit # _____

Name _____

SR JR DECEASED, date of death ____/____/____

VIM Honorary Life Member

Life Member **[REDACTED] P4 FL**

CORRECTIONS

Old Information

New Information

Name _____

Name _____

Former Address _____

New Address _____

Former City _____

New City _____

Former State _____ Zip _____

New State _____ Zip _____

Former Telephone # (____) _____

New Telephone # (____) _____

UNIT TRANSFERS

PREVIOUS Unit # _____ Department _____

NEW Unit # _____ Department _____

Date _____

Date _____

Signature - Member *(Required)*

Signature - New Unit Officer *(Required)*

ADDITIONAL INFORMATION

Marital Status: Married Single Widowed Divorced Date of Birth ____/____/____

Continuous Years of Membership _____ for _____ *(Paid Year)*

E-mail address _____

WAR ERA OF ELIGIBILITY *(The Veteran, living or deceased, served in:)*

- WWI (4/6/17 - 11/11/18) WWII (12/7/41 - 12/31/46) Korea (6/25/50 - 1/31/55)
- Vietnam (2/28/61 - 5/7/75) Grenada, Lebanon (8/24/82 - 7/31/84) Panama (12/20/89 - 1/31/90)
- Merchant Marines (12/7/41 - 8/15/45 *Only Eligibility*)
- Persian Gulf War (8/2/90 - *Cessation of hostilities, as determined by the U.S. Government*)

BRANCH OF SERVICE OF ELIGIBILITY *(The Veteran, living or deceased, served in:)*

- U.S. Air Force U.S. Army U.S. Marines U.S. Navy U.S. Coast Guard U.S. Merchant Marines

in Household _____ Occupation _____

only send 1 copy to Department