

# American Legion Auxiliary Department of Texas

## MEMBER DATA FORM

Member ID # (*Required*) \_\_\_\_\_

Date: \_\_\_\_\_

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

SR     JR     Deceased    Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
 VIM/PUFL     Honorary Life Member

### CORRECTIONS

#### Old Information

#### New Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Former Address \_\_\_\_\_

New Address \_\_\_\_\_

Former City \_\_\_\_\_

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

Former State \_\_\_\_\_

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

Former Zip \_\_\_\_\_

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

Former Telephone # \_\_\_\_\_

New Telephone # \_\_\_\_\_

Former Email Address \_\_\_\_\_

New Email Address \_\_\_\_\_

### UNIT TRANSFERS

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

*NEW* Unit # \_\_\_\_\_

Previous Department \_\_\_\_\_

*NEW* Department \_\_\_\_\_

Continuous Years \_\_\_\_\_

for \_\_\_\_\_ (*paid year*)

Signature- Member (*Required*) \_\_\_\_\_

Signature of New Unit Officer (*Required*) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### JUNIOR to SENIOR

Senior Member moving to a Junior Member

Junior Member moving to a Senior Member

Date of Birth (*Required*) \_\_\_\_\_

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

Send to:  
PO BOX 140407  
Austin TX 78714-0407