

THE AMERICAN LEGION MEMBER DATA FORM

(Please use ink and print clearly using UPPERCASE letters)

Date _____

Member ID # (9-digit) **Dept** **Post #**
Alpha Code
Name
(First) (MI) (Last) (Suffix)

MEMBERSHIP RECORD CHANGE

☐ **Deceased** ☐ **Honorary Life Membership (Awarded by Post)**
☐ **Paid-Up-For-Life Member (Purchased – for Post use only)**

Name Correction:

(First) (MI) (Last) (Suffix)

New Address:

Line 1
Line 2
City
State **Zip Code**

☐ **Check if applicable.** _____
Member holds the above elected office or appointment in the Department or District

Telephone #: - - **E-Mail Address:** _____

Date of Birth: - - **Cont. Years Mbshp:** **for**
Month Day Year (4-digit) # Years Paid Mbshp Year

War Era: Mark the appropriate box with an "X." If more than one applies, please mark only the earliest War Era served.)

☐ 4/6/17 – 11/11/18 (WWI) ☐ 12/7/41 – 12/31/46 (WWII) ☐ 6/25/50 – 1/31/55 (Korea)
☐ 2/28/61 – 5/7/75 (Vietnam) ☐ 8/24/82 – 7/31/84 (Grenada/Lebanon)
☐ 12/20/89 – 1/31/90 (Panama) ☐ 8/2/90 - Cessation of hostilities as determined by U.S. Govt. (Persian Gulf)

Branch of Service: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Member Transferring from: Department (Alpha Code) **Former Post #**
Member Transferring to: Department (Alpha Code) **New Post #**

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

Signature – Member
(Required for Transfer)

SEE INSTRUCTIONS ON REVERSE SIDE

THE AMERICAN LEGION
MEMBER DATA FORM
INSTRUCTIONS

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

This is a *newly* designed form intended for use by electronic scanning equipment. Information that is not understandable or readable is subject to error. Your help is greatly appreciated and will permit National Headquarters to maintain a more accurate database of the American Legion membership.

The Member Data Form should be used to report

- ◆ Name/Address Changes
- ◆ Date of Birth
- ◆ Continuous Year Changes
- ◆ Post Transfers
- ◆ Deceased member(s).

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 the member's current record is on file and provided the information on the transfer is complete.
5. Kansas or Nebraska 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.