Sons of the American Legion – Member Data Form

(Please use ink and print clearly using UPPERCASE letters)

Date _____

Member ID# (9-digit) ☐☐☐☐☐☐☐☐☐ **Detach.** ☐☐ 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

New Address

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip Code ☐☐☐☐☐

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

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

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Member Transferring from: Detachment ☐☐ Alpha Code Former Squadron # ☐☐☐☐

Member Transferring to: Detachment ☐☐ Alpha Code New Post # ☐☐☐☐

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, Honorary Life and Cont. Years changes)

_____ Signature – Member/Guardian
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE