Date _____

(Please use ink and print clearly using **UPPERCASE** letters)

Member ID# (9-digit)				Squadron #		
First Name	MI	Last Name			Suffix	

MEMBERSHIP RECORD CHANGE

Deceased

Honorary Life Membership Code: 🗖 Add 🛛 🗖 Delete

Dual Member (Member of both The American Legion and SAL)

NAME CORRECTION						
First Name	MI	Last Name	ŧ¢.	Suffix		

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

Member Transferring FROM :	Detachment (Alpha Code)	Former Squadron #
Member Transferring TO :	Detachment (Alpha Code)	New Squadron #

Member is a 📘	Son [Grandson of		Great-Grandson of	of	
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who is (A) a member of good standing of Squadror	in the Detachment of	; or (B) a
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deceased veteran who served honorably during the period ______ through ______ through

DATE OF BIRTH	CONTINUOUS YEARS OF MEMBERSHIP			
MM/DD/YYYY	# Years	Last Paid Membership Year		

EM	AIL	AD	DR	ESS

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