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 Sqdn # ☐☐☐☐

Name

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

MEMBERSHIP RECORD CHANGE

☐ **Deceased**

Name Correction

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

New Address

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Telephone # ☐☐☐ - ☐☐☐ - ☐☐☐☐

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

Transferring from: Detachment (Alpha Code) ☐☐ Former Squadron # ☐☐☐☐

Transferring to: Detachment (Alpha Code) ☐☐ New Squadron # ☐☐☐☐

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 _____ (Entry Date) through _____ (Discharge Date).

_____
Signature - Post/Sqdn Adjutant
(Required for Transfer, Deceased and Cont. Years changes)

_____
Signature - Member/Guardian
(Required for Transfer)

SEE INSTRUCTIONS ON REVERSE SIDE