



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

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

MEMBERSHIP RECORD CHANGE

Deceased

Honorary Life Membership Code: Add Delete

Dual Member (Member of both Legion and SAL)

NAME CORRECTION

First Name	MI	Last Name	Suffix
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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 Adopted Son Stepson Grandson of _____,
 who is (A) a member of good standing of Post # _____ in the Department of _____; or (B) a deceased
 veteran who served honorably during the period _____ through _____.

DATE OF BIRTH

MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP

Years

Last Paid Membership Year

EMAIL ADDRESS

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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