



THE AMERICAN LEGION

MEMBER DATA FORM

Date _____

(Please use ink and print clearly using UPPERCASE letters)

* Member ID # (9-digit)			Dept. GA	Post # 400
* First Name	MI	Last Name	Suffix	

MEMBERSHIP RECORD CHANGE

Deceased

Honorary Life Membership Code: Add Delete

Member above holds an elected office or appointment within the Department or District

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	

* EMAIL ADDRESS

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* DATE OF BIRTH

MM/DD/YYYY

* CONTINUOUS YEARS OF MEMBERSHIP

Years

Last Paid Membership Year

Member Transferring FROM:	Department (Alpha Code) GA	Former Post # 400	GENDER ☒ Male ☐ Female
Member Transferring TO:	Department (Alpha Code) GA	New Post # 197	

* WAR ERA (Mark all that apply)

☐ Global War on Terrorism	☐ Panama	☐ Vietnam	☐ WWII
☐ Gulf War	☐ Grenada/Lebanon	☐ Korea	☐ Other Conflicts

* BRANCH OF SERVICE

☐ Air Force	☐ Army	☐ Coast Guard	☐ Marines	☐ Merchant Marines (WWII only)	☐ Navy	☐ Space Force
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Signature - Post Adjutant
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)Signature - Member
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE