

SONS OF THE AMERICAN LEGION MEMBER DATA FORM

(Please use ink and print clearly using UPPERCASE letters)

Date _____

Member ID # (9-digit) [][][][][][][][][][] Detach. [][] Sqdn # [][][][]

Alpha Code

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: [][] - [][] - [][][][] Cont. Years Mbsp: [][] for [][][][]
Month Day Year (4-digit) # Years 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 _____ through _____.
Entry Date 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

Form No. 00-007 (2001)

National Headquarters Copy