SONS OF THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(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

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

Honorary Life Membership Code: ☐ Add ☐ Delete

NAME CORRECTION

First Name	MI	Last Name	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 _____,

who is (A) a member of good standing of Squadron _____ in the Detachment of _____ ; or (B) a

deceased veteran who served honorably during the period _____ through _____.

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

EMAIL ADDRESS

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

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