

*American Legion Auxiliary
Department of Massachusetts*

MEMBER DATA FORM	
Member ID # <i>(Required)</i>	Date:
Unit #	<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> Deceased Date of Death ___ / ___ / ___ <input type="checkbox"/> VIM/PUFL <input type="checkbox"/> Honorary Life Member
CORRECTIONS	
<i>Old Information</i>	<i>New Information</i>
Name	Name
Former Address	New Address
Former City	New City
Former State	New State
Former Zip	New Zip
Former Telephone #	New Telephone #
Former Email Address	New Email Address
UNIT TRANSFERS	
Previous Unit #	<i>NEW</i> Unit #
Previous Department	<i>NEW</i> Department
Continuous Years	for _____ <i>(paid year)</i>
Signature- Member <i>(Required)</i>	Signature of New Unit Officer <i>(Required)</i>
Date:	Date:
JUNIOR to SENIOR	
<input type="checkbox"/> Senior Member moving to a Junior Member <input type="checkbox"/> Junior Member moving to a Senior Member	Date of Birth <i>(Required)</i>
Member Name _____	

Send to:
546-2 State House
Boston, MA 02133