SONS OF THE AMERICAN LEGION – MEMBER DATA FORM

(Please use ink and print clearly using UPPERCASE letters)

Date ______________

Member ID# (9-digit) ☐☐☐☐☐☐☐☐☐ **Detach.** ☐☐ (Alpha Code) **Squadron#** ☐☐☐☐

Name ☐☐☐☐☐☐☐☐☐☐ (First) ☐ (MI) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Last) ☐☐☐ (Suffix)

MEMBERSHIP RECORD CHANGE

☐ **Deceased**

☐ **Honorary Life Membership** (Awarded by Post/Squadron)

Name Correction

☐☐☐☐☐☐☐☐☐☐ (First) ☐ (MI) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Last) ☐☐☐ (Suffix)

New Address

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip Code ☐☐☐☐☐

Telephone # ☐☐☐-☐☐☐-☐☐☐☐ **E-Mail Address:** ______________

Date of Birth ☐☐ (Month) - ☐☐ (Day) - ☐☐☐☐ (Year (4-digit)) **Cont. Years Mbsp:** ☐☐ (# Years) **for** ☐☐☐☐ (Paid Mbsp Year)

Member Transferring from: Detachment ☐☐ (Alpha Code) Former Squadron # ☐☐☐☐

Member Transferring to: Detachment ☐☐ (Alpha Code) New Post # ☐☐☐☐

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 ______________ (Entry Date) through ______________ (Discharge Date)

____
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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