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 Sqdn # ☐☐☐☐

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