

Please enclose the name and contact number of person submitting this form:

\_\_\_\_\_

American Legion Auxiliary

Unit # \_\_\_\_\_

**Member Profile Update & Transfer Form**

**Units:** Please use this form, (instead of the now obsolete Member Data and Class Change Forms), to submit member changes to your Department.

You may enter changes for more than one member on this form by indicating each Member's Name and Member ID in the spaces provided. In the "Ch #" column, please indicate the Change # type from the list below.

**Example:** Insert "2" if you are changing a member's address. In the "New Info/Notes" column, please be specific as to the change being made.

- |             |   |             |  |
|-------------|---|-------------|--|
| <b>Ch #</b> | <b>Change Type</b>                        | <b>Ch #</b> | <b>Change Type</b>                                 |
| 1           | Name                                      | 7           | Class Change                                       |
| 2           | Contact info (address, phone, e-mail)     | 8           | War Era of eligibility                             |
| 3           | Deceased (include date of death in notes) | 9           | Branch of Service eligibility                      |
| 4           | Rejoin                                    | 10          | Make honorary life                                 |
| 5           | Continuous Years                          | 11          | Transfer (complete "Unit Transfers" section below) |
| 6           | Marital Status                            | 12          | Other  |

Effective Date	Ch#	Member ID & Member Name	New Info/Notes

**UNIT TRANSFERS**

PREVIOUS Unit #: \_\_\_\_\_ Department: \_\_\_\_\_

NEW Unit #: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_  
Member Signature (required)

\_\_\_\_\_  
Officer of New Unit Signature (required)