

American Legion Auxiliary
 Department of Texas
Member Data Form

Name _____

Date: _____ Member ID# _____ Unit # _____

Sr ___ Jr ___ VIM/PUFL ___ Honorary Life Member ___ Deceased ___ Date of Death ___ / ___ / ___

Corrections		
	Old Information	New Information
Name		
Address		
City		
State		
Zip		
Telephone		
Email		

Unit Transfer			
Previous Unit #		New Unit #	
Previous Department		New Department	
Continuous Years		Paid Year	

Member Signature: _____ Date: _____

New Unit Officer Signature: _____ Date: _____

Junior to Senior		
___ Senior moving to Junior	___ Junior moving to Senior	Date of Birth (Required) ___ / ___ / ___

Send completed form to:

ALA Department of Texas
 PO Box 140407
 Austin, Tx 78714-0407