

American Legion Auxiliary Department of Texas
Member Data Form

Name _____

Date: _____ Member ID# _____ Unit # _____

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

Status Change	
<input type="checkbox"/> Cancel Membership Reason: <input type="checkbox"/> Moved <input type="checkbox"/> Health <input type="checkbox"/> Cost <input type="checkbox"/> Unit Conflict <input type="checkbox"/> Expelled	
<input type="checkbox"/> Deceased Date of Death ____ / ____ / ____	
<input type="checkbox"/> Honorary Life Member (Unit will be responsible to pay each year)	

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

Member Signature: _____ Date: _____

New Unit Officer Signature: _____ Date: _____

Send completed form to: ALA Department of Texas
 PO Box 1629
 Little Elm, Tx 75068-1629