



AMERICAN LEGION AUXILIARY

Empowering Women, Inspiring Communities

Department of North Carolina

Member Data Form

Department _____ Unit# _____ Name/Location _____ Date _____

Name _____ Member ID# _____

(Required for all changes)

Sr. Jr. Deceased
Date _____

PUFL Honorary Life Member

Drop Reason _____

CHANGES

Old Information

New Information

Name _____

Name _____

Former Address _____

New Address _____

Former City _____

New City _____

Former State _____ Zip _____

New State _____ Zip _____

Former Telephone # _____

New Telephone # _____

UNIT TRANSFERS

Previous Unit# _____ Department _____

New Unit # _____ Department _____

_____ Date _____

_____ Date _____

Signature – Member (Required)

Signature – New Unit Officer (Required)

