

**NEW: Member Data Forms are now two-sided. If you have multiple submissions you are encouraged to use both sides. You may also email to: [ilmembership@ilala.org](mailto:ilmembership@ilala.org). You will get confirmation of received email.**  
**TRANSFERS: There is no change in processing. One transfer per form, no changes or corrections should be on backside. Please continue to mail transfers.**

# **AMERICAN LEGION AUXILIARY MEMBER DATA FORM**

**Member ID#** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Unit #** \_\_\_\_\_

☐ **JR**    ☐ **SR**    ☐ **VIM/PUFL**    ☐ **DECEASED, Date of death** \_\_\_\_\_

**Is this member a Unit Officer? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

<b>CORRECTIONS</b>	
<u><b>Old Information</b></u>	<u><b>New Information</b></u>
<b>Name</b> _____	<b>Name</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>City</b> _____	<b>City</b> _____
<b>State</b> _____ <b>Zip</b> _____	<b>State</b> _____ <b>Zip</b> _____
<b>Telephone</b> _____	<b>Telephone</b> _____

<b>UNIT TRANSFERS:</b>	
<b>Members whose dues for current calendar year are not paid by January 31<sup>st</sup> of that year are suspended</b>	
<b>Previous Unit #</b> _____ <b>Dept. (State)</b> _____ <b>Member's Signature (Required)</b> _____	<b>New Unit #</b> _____ <b>Dept. (State)</b> _____ <b>New Unit Officer's Signature (Required)</b> _____
<b>FORM CANNOT BE PROCESSED WITHOUT BOTH SIGNATURES AND WILL BE RETURNED</b>	

Any additional information, changes, or correction to join date:  
 (If Unit has multiple join date corrections feel free to type them up on separate sheet of paper, please include unit #, member ID #, incorrect join date & correct join date)

Mail to:  
 American Legion Auxiliary  
 Department of Illinois  
 PO Box 1426  
 Bloomington, IL 61702-1426