American Legion Auxiliary

Department of Michigan
212 N. Verlinden Ave., Ste. B • Lansing, MI 48915
Phone: 517-267-8809 • Fax: 517-371-3698
info@michalaux.org • www.michalaux.org

Serving Veterans, Their Families and Their Communities

Please Print **MEMBER DATA FORM** *Please Print*

INSTRUCTIONS (See Reverse Side)

Date: ____/____/____ Member ID No.: 1 _____ Unit No.: _____

DECEASED

Members Name: 2 _____ Deceased Date: ____/____/____

CORRECTIONS (Name and Address)

Former Name: 3 _____ New Name: 4 _____

Former Address: _____ New Address: _____

Former City: _____ New City: _____

Former State: _____ Zip: _____ New State: _____ Zip: _____

Former Telephone No.: (____) _____ New Telephone No.: (____) _____

Former Email: _____ New Email: _____

UNIT TRANSFERS

Members Name: 5 _____

PREVIOUS Unit No.: _____ Department: _____ NEW Unit No: _____ Department: Michigan

_____ _____

Members Signature REQUIRED Signature of New Unit Officer REQUIRED

Did your Unit collect and submit current dues on this member?: ☐ Yes ☐ No

Please send 2 copies of this form for Transfers Only!

MEMBER STATUS CHANGES

Members Name: 6 _____ Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

This member now is a: ☐ PUFL (Paid-Up-For-Life Member) ☐ HLM (Honorary Life Member)

☐ This member should be marked as a Junior Member NOT a Senior Member. Date of Birth: ____/____/____

☐ This member needs to be Rejoined into our Unit.

☐ This member has requested in writing that she wishes to cancel her membership.

☐ This member has been marked deceased in error. Please correct their status to "Active".

☐ This member has requested that we do not send any mail to her home.

7 _____ _____ _____

Print Name of person submitting form. Signature Email or phone

WHITE COPY: Send to Department **YELLOW COPY**: Unit Files

Revised 6-1-12

MEMBER DATA FORM INSTRUCTIONS

The Member Data Form should be used to report Deceased Member(s), Name and address changes, Unit transfers, and other member status changes.

1. Date, Member's ID Number and Unit Number.
2. Deceased Member's name and deceased date (if known).
3. FORMER information—Name, address, phone and e-mail.
4. NEW information—Name, address, phone and e-mail.
5. Transfers—NO TRANSFER shall be made unless the member requesting a transfer has a membership card showing that she is a member in good standing at the time the transfer is requested. Members whose dues for the current calendar year are not paid by Dec. 31st of that year are delinquent, and are not in good standing, and are not eligible for a transfer.

   No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one Unit to another. The accepting Unit may require payment of difference in dues on a pro-rated basis if dues are higher than transferring member's former Unit.

   Any Auxiliary member desiring transfer of membership must first secure approval from the Unit to which transfer is desired. She may do this orally or by letter. The Secretary of the NEW unit will then complete this form and send 2 copies to the Department. She will also contact the old Unit to inform them of the transfer.

   COPIES: Mail 2 copies to the Department and maintain yellow copy for the Unit's records.

   NOTE: Signature of the New Unit Secretary is REQUIRED in reporting a transfer.
6. Member Status Changes
   a. Marital Status Change: Place an X in the correct box.
   b. PUFL or HLM: Place an X in the correct box.
   c. Balance of changes: Place an X in the correct box—in the case of a junior member's status; please indicate the date of birth.
7. Print the name of the person submitting the form, followed by a signature, and a day time contact of phone or e-mail.

Department of Michigan Office Staff