



American Legion Auxiliary
 Department of Michigan
 212 North Verlinden Ave, Ste. B • Lansing, Michigan 48915
 Phone 517-267-8809 • www.michalaux.org

DECEASED/DUPLICATE CARDS FORM

UNIT NAME and NUMBER _____

DATE _____ DISTRICT NO. _____

DUPLICATE: Submit only if a member has accidentally been assigned two membership numbers.

Member Name _____ ID#'s _____
 And _____

DECEASED: List members who have passed away **before** paying this year's dues. Also, send a notification to the Department Chaplain.

Member Name	_____	ID#	_____
Member Name	_____	ID#	_____
Member Name	_____	ID#	_____
Member Name	_____	ID#	_____

NOTE: If the deceased member has already paid their current year's dues then a Member Data Form must be completed.

This form submitted by: Signed _____
 Title _____
 Address _____

 Phone# _____

Send this form to Department: **American Legion Auxiliary
 Department of Michigan
 212 N. Verlinden Ave. Suite B
 Lansing, MI 48915**