



American Legion Auxiliary

Department of Michigan
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*Serving Veterans,
Their Families and
Their Communities*

PLEASE PRINT

MEMBER DATA FORM

PLEASE PRINT

Member Name: _____ Member ID No.: _____ Unit No.: _____

DECEASED

Member Name: _____ Deceased Date: ____/____/____

CORRECTIONS (Name and Address)

Former Name: _____	New Name: _____
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

Member Name: _____

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

Member Signature (**REQUIRED**)

Signature of New Unit Officer (**REQUIRED**)

Did the FORMER Unit collect and submit current dues for this member? Yes No

Transfers ONLY - Please submit TWO copies of this form

MEMBER STATUS CHANGES

Member Name: _____ 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.

Print Name of person submitting form. _____

Signature _____

Email or phone _____

WHITE COPY: Send to Department

YELLOW COPY: Unit Files

Revised 06-18-2019