



American Legion Auxiliary

Department of Michigan

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*Serving Veterans,
Their Families and
Their Communities*

PLEASE PRINT

MEMBER DATA FORM

PLEASE PRINT

Date: _____ 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: _____ Address: _____ City: _____ Zip: _____ Phone: _____

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

Member Signature (**REQUIRED**) Phone Number Signature of New Unit Officer (**REQUIRED**)

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

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 they wish to cancel 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 the home.

Print Name of Person Submitting form

Signature

Email or phone

WHITE COPY: Send to Department

YELLOW COPY: Unit Files

Revised 3/20/2023