



# 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.: \_\_\_\_\_ District 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 their 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 9/19/2024