



(Please use ink and print clearly using UPPERCASE letters)

Member ID# (9-digit)		Dept.	Post #
First Name	MI	Last Name	Suffix

**MEMBERSHIP RECORD CHANGE**

- Deceased                      Honorary Life Membership Code:  Add    Delete
- Member above holds an elected office or appointment within the Department or District

**NAME CORRECTION**

First Name	MI	Last Name	Suffix
------------	----	-----------	--------

**NEW ADDRESS**

Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

**EMAIL ADDRESS**

--

**DATE OF BIRTH**

MM/DD/YYYY
------------

**CONTINUOUS YEARS OF MEMBERSHIP**

# Years	Last Paid Membership Year
---------	---------------------------

Member Transferring <b>FROM:</b>	Department (Alpha Code)	Former Post #	<b>GENDER</b>
Member Transferring <b>TO:</b>	Department (Alpha Code)	New Post #	
			<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>WAR ERA</b> (Mark all that apply)			
<input type="checkbox"/> Global War on Terrorism	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Grenada/Lebanon	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts

<b>BRANCH OF SERVICE</b>					
<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Merchant Marines (WWII only)	<input type="checkbox"/> Navy

\_\_\_\_\_  
Signature – Post Adjutant  
*(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)*

\_\_\_\_\_  
Signature – Member  
*(Required for Transfers)*

**SEE INSTRUCTIONS ON REVERSE SIDE**