	(Please use ink and	l print clea	arly using UPPE	RCASE lette	rs)			
Member ID# (9-digit)			Dep		Dept.	Squ	Squadron #	
First Name	1	MI	Last Name					Suffix
	MEMBER	SHIP R	ECORD CH	ANGE			14	
☐ Deceased ☐ Dual Member (Member of both The	e American Legion	and SAL)	Honorary Life	Membershi	p Code	: 🗖 Add	☐ Delete	e
NAME CORRECTION				7:1				
First Name	1	MI	Last Name				н	Suffix
NEW ADDRESS								
Line 1								
Line 2								
City						State	State ZIP Code	
Home Phone Cell Phone								
Member Transferring FROM:	Detachment (Alpha Code) Former				Squadron #			
Member Transferring <b>TO</b> :	Detachment (Alpha Code)			New Squadron #				
Member is a Son Grandson of	☐ Great-Grands	on of						
who is (A) a member of good standing of Squadron in the Detachment of; or (B) a								
deceased veteran who served honoral	bly during the perio	od		thr	ough _			·
DATE OF BIRTH			CONTINUO	US YEARS C	F MEN	MBERSHIP		
MM/DD/YYYY			# Years Last Paid Membership Year					
EMAIL ADDRESS	o drive to							
								3.5

Signature – Post/Squadron Adjutant (Required for Transfers, Deceased, Honorary Life and Cont. Years changes) Signature – Member/Guardian (Required for Transfers)