

## American Legion Auxiliary Member Data Form

Unit #	-		SR JR			
Member ID #	· ·	<u> </u>				
Name	Da	Date of Birth				
Address			Email Print Please			
			Print Please			
City	State	Zip	Phone# C			
			Н		. · ·	
	New Memb	er Informati	<b>on</b> (in lieu of applic	ation)		
			·			
Name of Veteran Elig	ible through:					
Living (If living	nust be a member of	the American Le	egion) Dec	ceased		
Post # C	ity/Town	State_	Membersh	ip #		
War Era Eligibility, (	The Veteran, living o	or deceased, serve	ed in)			
WWI (4/6/17-11/1	1/18)					
Any time After 1	2/7/41 – (Check All	That Apply)				
Global War	on Terror Pana	ama Vietnar	nWWII	Gulf War		
Lebanon/Gre	enada Kore	eaOther	Conflicts			
Applicant's Relations	hip to Veteran:	Female Spouse	Male Spouse	Mother	Grandmother	
	_	Sister Dau	ighter Grandda	ughter Se	elf	
				·	_	
Recruiter's Name		Unit/Pos	t City/Town	State		

## **Corrections**

Old Information			New Informa	tion	
Name			Name		
Address		•	Address		
City	St	Zip		St	
Phone	Cell		Phone	Cell	
Email			Email		
			Unit Transfer		
Previous Unit #	_ Departmen	t	New Unit #	Depa	rtment
Member's Signature _			New Unit Office	er's Signature	
	·	Ot	her Information		
Deceased	Date of de	ath/	<u>/</u>		
Change of Marital So	tatus:				
Marital Status: M	[arried S	ingle W	idowed Divorced		
Date of Birth/	/	Year	joined		