



AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEBRASKA

MEMBER DATA STATUS INFORMATION CHANGE FORM

MEMBERSHIP INFORMATION

Form Date: _____ Unit # _____ City: _____ Member Type: Senior Junior
Category: PUFL (Nat'l.) Paid Up For Life SLM (NE) State Life Member VIM (UNIT) Very Important Member

CURRENT INFORMATION

Member Name: _____
Address: _____
City: _____ State: _____ Zip: _____
H.Phone: _____ - _____ - _____ C.Phone: _____ - _____ - _____
E-Mail: _____
Date of Birth: _____ / _____ / _____
Marital status: M S W D

CANCELLATION OF MEMBERSHIP

DECEASED:
Date of Death _____ / _____ / _____
 MEMBER REQUEST
 OTHER: _____

UNIT TRANSFER

PREVIOUS UNIT NUMBER: _____ DEPARTMENT of: _____
NEW UNIT NUMBER: _____ DEPARTMENT of: _____

Date: _____
Signature - Member (Required)

Date: _____
Signature - New Unit Officer (Required)

Unit Officer completing form: _____ Phone: _____

Retain copy for permanent Unit records