



Department of Nebraska
 American Legion Auxiliary
 150 NW 40th St - Unit B
 Lincoln NE 68528

MEMBER DATA FORM

Form to be used to report name changes, address changes, join date/continuous year change, transfers and deceased members

Member ID # _____ Unit _____ Date _____
 (Required for all changes)

Name _____
 Sr Deceased-date of death _____
 Jr PUFL State Life member

CORRECTIONS

Old information	
Former Name	_____
Former Address	_____
Former City	_____
Former State	_____ Zip _____
Former Phone	_____
Email Address	_____

New information	
Name	_____
Address	_____
City	_____
State	_____ Zip _____
Telephone	_____
Email Address	_____

UNIT TRANSFERS

PREVIOUS Unit # _____	Department _____
_____	Date _____
Signature - Member (required)	

NEW Unit # _____	Department _____
_____	Date _____
Signature - Unit officer (required)	

ADDITIONAL INFORMATION

Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
Update Join Date/Continuous Years of Membership: Change from _____ to _____				
*Please include "proof" or explanation _____				
Comments or notes _____				

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