



American Legion Auxiliary
Department of California

Member Data Form

Member ID# _____

Date: _____

Name: _____

Contact: _____

SR		JR		PUFL		HLM
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Phone: _____

Email: _____

Unit # _____ District # _____

Please send a copy to the Department Office for processing, Department Chaplain and your District Chaplain for their Memorial Services.

Deceased

Date of Death: _____

Corrections

Old Information

Name _____
Former Address _____
Former City _____
Former State _____ Zip _____
Former Telephone # _____
Email Address _____

New Information

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

Unit Transfers

Old Information

Unit # _____ District # _____
State _____

New Information

Unit # _____ District # _____

Signature- Member (Required)

Signature- New Unit Officer (Required)

Additional Information

Continuous Years of Membership _____ for _____ (Paid Years)

Comments or Notes: _____

INSTRUCTIONS

1. The Member Data Form should be used to report name changes, address changes, continuous year changes, Unit transfers and deceased member(s).
2. The Member ID Number, Name, and Unit Number are required for a Member Data Form to be processed by Department.

The following information pertains to transfers only:

- Transfer from one Unit to another is a privilege granted to any paid-up Auxiliary member ONLY with the approval of the Unit to which the member desires to transfer.
- TRANSFER MAY BE MADE UNDER THE REGULATIONS LISTED BELOW:
 - No transfer shall be made unless the member requesting transfer has a membership card showing that she is a member in good standing at the time transfer is requested. Members whose dues for the current calendar year are not paid by January 31st of that year are suspended, and not in good standing, and are not eligible for transfer.
 - No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one Unit to another. The accepting Unit may require payment of difference in dues on a pro-rata basis if dues are higher than transferring member's former Unit.
 - Any Auxiliary member desiring transfer of membership must first secure approval from the Unit to which transfer is desired. She may do this orally or by letter. The Secretary of the new Unit will then complete and route the parts of the form as instructed below. She will also contact the old Unit to inform them of the transfer.
 - The Department Office will carry through necessary procedures to transfer member's record to the new Unit, provided member's current record is on file and provided information on transfer certificate is complete.
 - All Member Data Forms for members transferring to another Department should be sent to the Department Office for processing.

EMAIL OR MAIL THE MEMBER DATA FORM TO:
THE DEPARTMENT OFFICE AT THE ADDRESS BELOW
(Department will forward to National when applicable)

Email to: calegionaux@calegionaux.org
401 Van Ness Avenue, Suite 319, San Francisco, CA 94102-4570