



Date



(Please use ink and print clearly using UPPERCASE letters)

Member ID # (9-digit)	<input type="text"/>	Dept.	<input type="text"/>	Post #	<input type="text"/>
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First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>	Suffix	<input type="text"/>
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**MEMBERSHIP RECORD CHANGE**

- Deceased      Honorary Life Membership Code:  Add    Delete
- Member above holds an elected office or appointment within the Department or District

**NAME CORRECTION**

First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>	Suffix	<input type="text"/>
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**NEW ADDRESS**

Line 1	<input type="text"/>					
Line 2	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>	
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>			

**EMAIL ADDRESS**

**DATE OF BIRTH**

MM/DD/YYYY

**CONTINUOUS YEARS OF MEMBERSHIP**

# Years	<input type="text"/>	Last Paid Membership Year	<input type="text"/>
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Member Transferring <b>FROM:</b>	Department (Alpha Code)	<input type="text"/>	Former Post #	<input type="text"/>
Member Transferring <b>TO:</b>	Department (Alpha Code)	<input type="text"/>	New Post #	<input type="text"/>

<b>GENDER</b>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

**WAR ERA** (Mark all that apply)

<input type="checkbox"/> Global War on Terrorism	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Grenada/Lebanon	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts

**BRANCH OF SERVICE**

Air Force    Army    Coast Guard    Marines    Merchant Marines (WWII only)    Navy    Space Force

Signature – Post Adjutant  
*(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)*

Signature – Member  
*(Required for Transfers)*

**SEE INSTRUCTIONS ON NEXT PAGE**

# THE AMERICAN LEGION | MEMBER DATA FORM INSTRUCTIONS

**Please clearly print or type the information when filling out the form.**

Information that is illegible or incomplete is subject to error. Your help in ensuring the accuracy of the information reported is appreciated and will assist National Headquarters in maintaining a more accurate database for members of The American Legion.

The Member Data Form should be used to report:

- Name/Address Changes
- Date of Birth
- Email Additions or Changes
- Continuous Years Changes
- Post Transfers
- Deceased Members

The Member ID Number, Post Number and the name of the Department is required for a Member Data Form to be processed by National Headquarters.

## **The following pertains to transfers only:**

*The transfer from one post to another is a privilege granted to any paid-up Legionnaire with the approval of the post to which the member desires to transfer.*

### **A TRANSFER MAY BE MADE UNDER THE FOLLOWING RULES:**

1. No transfer shall be made unless the member requesting transfer has a membership card showing the member is in good standing at the time the transfer is requested.
2. No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one post to another. The accepting post may require payment of the difference in dues on a pro-rated basis if dues are higher than the transferring member's former post.
3. A Legionnaire desiring transfer of membership must first secure approval from the post to which transfer is desired. This may be done orally or in writing. The Adjutant of the new post will complete and route the parts of the form as instructed.
4. Department or National Headquarters will transfer the member's record to the new post, provided that member's current record is on file and provided the information on the transfer is complete.
5. No member may transfer to another post if the member has disciplinary actions within their post and this post has notified National Headquarters of the situation.

### **ROUTE THE MEMBER DATA FORM AS FOLLOWS:**

1. Email copy to the department headquarters then national headquarters IT / Member Support Services [MSSforms@legion.org](mailto:MSSforms@legion.org)
2. Send copy to the transferring post
3. Post keeps copy for their files.

Note: The signature of the Post Adjutant is required in reporting an Honorary Life Member, a deceased member, a transfer or a continuous years change.