



# AMERICAN LEGION AUXILIARY

## MEMBER DATA FORM

Member ID# \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

**Required** for all changes

Name \_\_\_\_\_

Senior  Junior

\_\_\_\_\_

Deceased, date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

PUFL (previously known as VIM)

### CORRECTIONS:

Old Information:

New Information:

Name \_\_\_\_\_

Name \_\_\_\_\_

Former Address \_\_\_\_\_

New Address \_\_\_\_\_

Former City \_\_\_\_\_

New City \_\_\_\_\_

Former State \_\_\_\_\_ Zip \_\_\_\_\_

New State \_\_\_\_\_ Zip \_\_\_\_\_

Former Telephone #(\_\_\_\_) \_\_\_\_\_

New Telephone #(\_\_\_\_) \_\_\_\_\_

### UNIT TRANSFERS

**PREVIOUS** Unit # \_\_\_\_\_ Department \_\_\_\_\_

New Unit # \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_  
Signature – Member (**Required**)

\_\_\_\_\_  
Signature-New Unit Officer (**Required**)

Please submit:

American Legion Auxiliary  
Department of Idaho  
905 Warren Street  
Boise, ID 83706