American Legion Auxiliary

Member Profile

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Units: Please use this form to submit member changes to the Department. You may enter changes for more than one member on this form by indicating each Member's Name and Member ID in the spaces provided.

Unit: _____/_____ (number) Date: _____

Signature: _____

In the "Ch #" column, please indicate the change # type from the list below.

1. Name
2. Contact info (address, phone, and e mail)
3. Deceased (include date of death)
4. Continuous Years
5. Martial Status
6. Communication preference
7. Class Change
8. War eligibility
9. Branch of Service
10. Make Honorary Life
11. Other

Effective Date	Change #	Member Name	Members ID #	New Information/Notes