



## American Legion Auxiliary Transfer Notice Department of Idaho

**Name:** \_\_\_\_\_ **Membership #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip**

\_\_\_\_\_  
**Phone Number** **E Mail Address**

**Joining: Unit # & Name:** \_\_\_\_\_ **Dept. of Idaho**

**Eligibility status:** \_\_\_\_\_

\_\_\_\_\_  
**Member Signature (required)** **Officer of New Unit Signature (required)**

**Previous Department:** \_\_\_\_\_  
**State**

**Previous Unit # & Name:** \_\_\_\_\_

\_\_\_\_\_  
**Address** **City** **Zip**

\_\_\_\_\_  
**Phone Number** **E Mail Address**