



American Legion Auxiliary Transfer Notice Department of Idaho

Name: _____ **Membership #:** _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **E Mail Address** _____

Joining: Name and Unit: _____

Eligibility status: _____

_____ **Officer of New Unit Signature (required)**

_____ **Member's Signature (required)**

Previous Department: _____ **(State)**

Previous Name & Unit: _____

Address _____ **City** _____ **Zip** _____

Phone Number _____ **E Mail Address** _____