# SONS OF THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(Submit this form electronically to: MSSforms@leigon.org)

| Member ID# (9-digit) | | | Dept. | Squadron # |
|---|---|---|---|---|
| First Name | MI | Last Name | | Suffix |

## MEMBERSHIP RECORD CHANGE

☐ Deceased

☐ Dual Member (Member of both The American Legion and SAL)

Honorary Life Membership Code: ☐ Add ☐ Delete

### NAME CORRECTION

| First Name | MI | Last Name | Suffix |
|---|---|---|---|
| | | | |

### NEW ADDRESS

| Line 1 | | |
|---|---|---|
| Line 2 | | |
| City | State | ZIP Code |
| | | |
| Home Phone | Cell Phone | |
| | | |

| | | |
|---|---|---|
| Member Transferring **FROM:** | Detachment (Alpha Code) | Former Squadron # |
| Member Transferring **TO:** | Detachment (Alpha Code) | New Squadron # |

Member is a ☐ Son ☐ Grandson of _____,

who is (A) a member of good standing of Post _____ in the Department of _____ ; or (B)

a deceased veteran who served honorably during the period _____ through _____.

### DATE OF BIRTH

MM/DD/YYYY

### CONTINUOUS YEARS OF MEMBERSHIP

| # Years | Last Paid Membership Year |
|---|---|
| | |

### EMAIL ADDRESS

Signature – Post/Squadron Adjutant
*(Signature Required)*

Signature – Member/Guardian
*(Signature Required)*