

Date: \_\_\_\_\_

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF OREGON  
PO Box 1730, Wilsonville, Oregon 97070  
503-682-3162  
alamembership@alaoregon.org

## MEMBER CHANGE FORM

Membership Number \_\_\_\_\_ Unit # \_\_\_\_\_ District # \_\_\_\_\_  
(Required for all changes.)

Member Name \_\_\_\_\_

Member Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CORRECTIONS

#### *New Information:*

Member Name \_\_\_\_\_ Phone: \_\_\_\_\_

Member Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

### UNIT TRANSFER

#### *Previous*

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

#### *New*

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

Member Signature \_\_\_\_\_

New Unit - Officer Signature \_\_\_\_\_

### DECEASED INFORMATION

Date of death \_\_\_\_\_

Charter member \_\_\_ SR \_\_\_ JR \_\_\_ PUFL \_\_\_

National/Department/District/Unit Officer/Chairman? \_\_\_\_\_

Share something interesting about this person. \_\_\_\_\_

Attach copy of obituary if possible.

*Send this form to Department Headquarters via mail or email listed above.*