

American Legion Auxiliary

Serving Veterans, their families, and their communities Department of South Dakota Headquarters

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# MEMBER DATA TRANSFER FORM

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| --- | --- | --- | --- |
| Member ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Unit# \_\_\_\_\_\_\_\_ | |
| Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | City | |
| State \_\_\_\_\_\_\_\_ | | | Zip |

Email:

# UNIT TRANSFER

Previous Unit#\_\_\_\_\_\_\_\_\_\_\_\_ Dept New Unit# Dept

MEMBER SIGNATURE