**AMERICAN LEGION AUXILIARY MEMBER DATA FORM**

Mail to: **SD ALA Department Headquarters**

23782 136th Street
Firesteel, SD 57633

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TOWN: |   |   | UNIT#: |   |   |
|   |   |   |   |   |   |   |   |   |   |
| MEMBER ID #:  |   |   | DATE: |   |   |
|   | REQUIRED FOR ALL CHANGES |   |   |   |   |   |   |
| NAME: |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| TYPE OF CHANGE:  |   |   |   |   |   |   |   |   |
|   | Address Change |   | Name Change  |   | Additional Information |
|   |   |   |   |   |   |   |   |   |   |
| **ADDRESS CHANGE:** |   |   |   |   |   |   |   |   |
|   | FORMER: |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   | NEW:  |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **NAME CHANGE:** |   |   |   |   |   |   |   |   |
|   | Previous/Former: |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   | New Name: |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **ADDITIONAL INFORMATON: (i.e. continuous years, date of birth, telephone, email)** |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |