**AMERICAN LEGION AUXILIARY MEMBER DATA FORM**

Mail to: **SD ALA Department Headquarters**

23782 136th Street   
Firesteel, SD 57633

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