

# 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_