1B		1A		+
----	--	----	--	---

Date_

SONS OF THE AMERICAN LEGION - MEMBER DATA FORM

(Please use ink and print clearly using UPPERCASE letters)

Member ID# (9-digit) DO	etach. Alpha Code Squadron#				
MEMBERSHIP RECORD CHANGE					
☐ Deceased ☐ Honorary Lif	e Membership (Awarded by Post/Squadron)				
Name Correction First MI La:	st Suffix				
New Address Line 1	State Zip Code Code Code				
Date of Birth Day Cont	. Years Mbsp: #Years for Paid Mbsp Year				
Member Transferring from: Detachment Alpha Code	Former Squadron #				
Member Transferring to: Detachment Alpha Code	New Post #				
Applicant is Son Adopted Son Stepson Grandson of, who is (a) a member in good standing of Post # in the Department of; or (b) a deceased veteran who served honorably during the period through					