



AMERICAN LEGION AUXILIARY
MEMBER DATA FORM
Department of Arkansas

Member ID# _____

Date _____

(Required for all changes)

Name _____

ARKANSAS Unit # _____ District # _____

SR JR DECEASED, date of death _____/_____/_____

PUFL Honorary Life Member

CORRECTIONS	
Old Information	New Information
Name _____	Name _____
Former Address _____	New Address _____
Former City _____	New City _____
Former State _____ Zip _____	New State _____ Zip _____
Former Telephone # () _____	New Telephone # () _____
Email Address _____	Email Address _____

UNIT TRANSFERS	
PREVIOUS Unit # _____ Department _____	NEW Unit # _____ Department _____
_____ Signature - Member (Required)	_____ Signature - New Unit Officer (Required)

ADJUSTMENT TO CONTINUOUS YEARS

Continuous Years of Membership _____ for _____ *(Paid Years)*

REASON FOR ADJUSTMENT

AMERICAN LEGION AUXILIARY
Department of Arkansas
 1415 West 7th Street
 Little Rock, AR 72201
 501-374-5836 Fax: 501-372-0855
 Email: arkaux@att.net

**AMERICAN LEGION AUXILIARY
MEMBER DATA FORM
INSTRUCTIONS**

1. The Member Data Form is used to report name changes, address changes, continuous year changes, Unit transfers and deceased member(s).
2. The Member ID Number and address, Unit Number and name of Department are required for a Member Data Form to be processed by Department.
3. For transfers of membership:
 - * No transfer shall be made unless the member requesting transfer has a paid membership for the current year and a membership card showing that she is in good standing at the time transfer is requested. Members whose dues for the current calendar year are not paid by January 31st of that year are suspended, are not in good standing, and are not eligible for transfer.
 - * No charge shall be made to the member to transfer and no dues shall be transferred from one Unit to another. The accepting Unit may require payment of difference in dues on a pro-rata basis if dues are higher than transferring member's former Unit.
 - * When a member has paid her dues for the current membership year to the old Unit and wishes to transfer to a new Unit, dues for the current membership are not to be collected nor submitted again to Department Headquarters or National Headquarters. The Department office will carry through necessary procedures to transfer member's record to the new Unit, provided member's current record is on file and provided information on transfer certificate is complete.
 - * The signature of an officer of the Unit is required for Unit transfers. Units will keep a copy of the form for their records.
 - * Please visit our website, www.auxiliary.arlegion.org, for Unit Resources.
 - * Send this form to Department Headquarters by mail, fax or email to the address below.

SEND THE MEMBER DATA FORM TO: Department Headquarters
(Department will forward to National when applicable)

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