

## Department of Wisconsin

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# MEMBER CHANGE FORM

**\*\*\*Does this person hold a Unit/County/District officer or chairman position?\*\*\***

**YES** - What position? \_\_\_\_\_

**NO**

Member ID # \_\_\_\_\_  
*Required for all changes*

Date \_\_\_\_\_ Unit # \_\_\_\_\_

Name \_\_\_\_\_

Sr

Jr

Address \_\_\_\_\_

City \_\_\_\_\_

DECEASED

DROP/CANCEL

REJOIN

HLM (Honorary Life Member)

### OLD INFORMATION

Name \_\_\_\_\_

Former Address \_\_\_\_\_

Former City \_\_\_\_\_

Former State \_\_\_\_\_

Former Zip \_\_\_\_\_

Former phone # \_\_\_\_\_

Email Address \_\_\_\_\_

### NEW INFORMATION

Name \_\_\_\_\_

New Address \_\_\_\_\_

New City \_\_\_\_\_

New State \_\_\_\_\_

New Zip \_\_\_\_\_

New phone # \_\_\_\_\_

Email Address \_\_\_\_\_

## **UNIT TRANSFERS**

*Previous* Unit # \_\_\_\_\_ Dept. (State) \_\_\_\_\_

*New* Unit # \_\_\_\_\_

\_\_\_\_\_  
Signature - Member (*Required*)

\_\_\_\_\_  
Signature - New Unit Membership Chairman (*Required*)

Signature (*person submitting this form please sign*) \_\_\_\_\_