

Date: \_\_\_\_\_

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF OREGON**  
PO Box 1730, Wilsonville, Oregon 97070  
503-682-3162  
alaor@alaoregon.org

## MEMBER CHANGE FORM

**Membership Number** \_\_\_\_\_ **Unit #** \_\_\_\_\_ **District #** \_\_\_\_\_  
(Required for all changes.)

Member Name \_\_\_\_\_

Member Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CORRECTIONS

#### ***New Information:***

Member Name \_\_\_\_\_ Phone: \_\_\_\_\_

Member Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

### UNIT TRANSFER

#### ***Previous***

Unit # \_\_\_\_\_ Department \_\_\_\_\_

#### ***New***

Unit # \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Unit Officer Signature

### DECEASED INFORMATION

Date of death \_\_\_\_\_

Charter member \_\_\_ SR \_\_\_ JR \_\_\_ PUFL \_\_\_

National/Department/District/Unit Officer/Chairman? \_\_\_\_\_

Share something interesting about this person. \_\_\_\_\_

Attach copy of obituary if possible.

***Send this form to Department Headquarters via mail or email listed above.***