

Date: _____

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF OREGON**
PO Box 1730, Wilsonville, Oregon 97070
503-682-3162
executivedirector@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 vis mail or email listed above.