

Enclose the name and contact number of the person submitting this form:

NAME: _____ PHONE: _____ UNIT: _____

AMERICAN LEGION AUXILIARY DEPARTMENT OF INDIANA MEMBER PROFILE UPDATE & TRANSFER FORM

<u>CHANGE #</u>	<u>CHANGE TYPE</u>	<u>CHANGE #</u>	<u>CHANGE TYPE</u>
*1	Name	7	Transfer (complete section below)
*2	Contact Info (Address etc.)	8	Duplicate Member Record
3	Member Deceased	9	Rejoin
4	Continuous Years		
*5	Communication Preference	*Units with ALA MIS access are able to	
6	Make Honorary Life	make these changes	

Effective Date	Change #	Member ID	New Info/Notes
		Member Name	

UNIT TRANSFERS

PREVIOUS Unit # _____ Dept. (State) _____ **NEW** Unit # _____

Member Signature (Required) _____ Unit Officer Signature (Required) _____

PREVIOUS Unit # _____ Dept. (State) _____ **NEW** Unit # _____

Member Signature (Required) _____ Unit Officer Signature (Required) _____