



THE SONS OF THE AMERICAN LEGION **MEMBER DATA FORM** **INSTRUCTIONS**

Please clearly print or type the information when filling out the form.

Information that is illegible or incomplete is subject to error. Your help in ensuring the accuracy of the information reported is appreciated and will assist National Headquarters in maintaining a more accurate database for members of the Sons of The American Legion.

The Member Data Form should be used to report:

- Name/Address Changes
- Date of Birth
- Continuous Years Changes
- Squadron Transfers and
- Deceased Members

The Member ID No., Squadron No. and the name of the Detachment is required for a Member Data Form to be processed by National Headquarters.

A TRANSFER MAY BE MADE UNDER THE FOLLOWING RULES:

1. No transfer shall be made unless the member requesting transfer has a membership card showing the member is in good standing at the time the transfer is requested. Members whose dues for the current calendar year are not paid by February 1 of that year are suspended, and are not in good standing, and are not eligible for transfer.
2. No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one squadron to another. The accepting squadron may require payment of the difference in dues on a pro-rated basis if dues are higher than the transferring member's former squadron.
3. A member desiring transfer of membership must first secure approval from the squadron to which transfer is desired. This may be done orally or in writing. The adjutant of the new squadron will complete and route the parts of the form as instructed.
4. Detachment or National Headquarters will carry through by transferring the member's record to the new squadron, provided that member's current record is on file and provided the information on the transfer is complete.

ROUTE THE PARTS OF THE MEMBER DATA FORM AS FOLLOWS:

Parts 1-3: Send to Detachment Headquarters. The Detachment will either process the transfer or forward part 1 to National, retain part 2, and mail part 3 to the transferring squadron.

Part 4: Squadron should keep for their files.

Note: The signature of the squadron adjutant is required in reporting an Honorary Life Member, a deceased member, a transfer or a continuous years change.



(Submit this form electronically to: MSSforms@leigon.org)

Member ID# (9-digit)		Dept.	Squadron #
First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

- Deceased
 Dual Member (Member of both The American Legion and SAL)
- Honorary Life Membership Code: Add Delete

NAME CORRECTION

First Name	MI	Last Name	Suffix
------------	----	-----------	--------

NEW ADDRESS

Line 1 _____

Line 2 _____

City	State	ZIP Code
Home Phone	Cell Phone	

Member Transferring FROM:	Detachment (Alpha Code)	Former Squadron #
Member Transferring TO:	Detachment (Alpha Code)	New Squadron #

Member is a Son Grandson of _____,
 who is (A) a member of good standing of Post _____ in the Department of _____ ; or (B)
 a deceased veteran who served honorably during the period _____ through _____.

DATE OF BIRTH

MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP

# Years	Last Paid Membership Year
---------	---------------------------

EMAIL ADDRESS

 Signature – Post/Squadron Adjutant (Signature Required)

 Signature – Member/Guardian (Signature Required)

SEE INSTRUCTIONS ON REVERSE SIDE



(Submit this form electronically to: MSSforms@leigon.org)

Member ID# (9-digit)		Dept.	Squadron #
First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

- Deceased
 - Dual Member (Member of both The American Legion and SAL)
- Honorary Life Membership Code: Add Delete

NAME CORRECTION

First Name	MI	Last Name	Suffix
------------	----	-----------	--------

NEW ADDRESS

Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

Member Transferring FROM:	Detachment (Alpha Code)	Former Squadron #
Member Transferring TO:	Detachment (Alpha Code)	New Squadron #

Member is a Son Grandson of _____,
 who is (A) a member of good standing of Post _____ in the Department of _____ ; or (B)
 a deceased veteran who served honorably during the period _____ through _____.

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP	
# Years	Last Paid Membership Year

EMAIL ADDRESS

Signature – Post/Squadron Adjutant
(Signature Required)

Signature – Member/Guardian
(Signature Required)

SEE INSTRUCTIONS ON REVERSE SIDE



(Submit this form electronically to: MSSforms@leigon.org)

Member ID# (9-digit)		Dept.	Squadron #
First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

Deceased Honorary Life Membership Code: Add Delete
 Dual Member (Member of both The American Legion and SAL)

NAME CORRECTION			
First Name	MI	Last Name	Suffix

NEW ADDRESS		
Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

Member Transferring FROM:	Detachment (Alpha Code)	Former Squadron #
Member Transferring TO:	Detachment (Alpha Code)	New Squadron #

Member is a Son Grandson of _____
 who is (A) a member of good standing of Post _____ in the Department of _____ ; or (B)
 a deceased veteran who served honorably during the period _____ through _____.

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP	
# Years	Last Paid Membership Year

EMAIL ADDRESS

 Signature – Post/Squadron Adjutant (Signature Required) Signature – Member/Guardian (Signature Required)

SEE INSTRUCTIONS ON REVERSE SIDE



(Submit this form electronically to: MSSforms@leigon.org)

Member ID# (9-digit)			Dept.	Squadron #
First Name	MI	Last Name		Suffix

MEMBERSHIP RECORD CHANGE

Deceased Honorary Life Membership Code: Add Delete
 Dual Member (Member of both The American Legion and SAL)

NAME CORRECTION

First Name	MI	Last Name	Suffix
------------	----	-----------	--------

NEW ADDRESS

Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

Member Transferring FROM:	Detachment (Alpha Code)	Former Squadron #
Member Transferring TO:	Detachment (Alpha Code)	New Squadron #

Member is a Son Grandson of _____

who is (A) a member of good standing of Post _____ in the Department of _____ ; or (B) a deceased veteran who served honorably during the period _____ through _____.

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP	
# Years	Last Paid Membership Year

EMAIL ADDRESS

Signature – Post/Squadron Adjutant
(Signature Required)

Signature – Member/Guardian
(Signature Required)

SEE INSTRUCTIONS ON REVERSE SIDE