



Please use ink and print clearly using UPPERCASE letters. Email to IT / Member Support Services: MSSforms@legion.org

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

**MEMBERSHIP RECORD CHANGE**

- Deceased
  - Member above holds an elected office or appointment within the Department or District
- 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	

EMAIL ADDRESS

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP	
# Years	Last Paid Membership Year

Member Transferring <b>FROM:</b>	Department (Alpha Code)	Former Post #
Member Transferring <b>TO:</b>	Department (Alpha Code)	New Post #

GENDER	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

WAR ERA (Mark all that apply)			
<input type="checkbox"/> Global War on Terrorism	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Grenada/Lebanon	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts

BRANCH OF SERVICE						
<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Merchant Marines (WWII only)	<input type="checkbox"/> Navy	<input type="checkbox"/> Space Force

\_\_\_\_\_  
Signature – Post Adjutant  
*(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)*

\_\_\_\_\_  
Signature – Member  
*(Required for Transfers)*

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