



SUBMIT ELECTRONICALLY TO:

MSSforms@legion.org

(Please use ink and print clearly using **UPPERCASE** letters)

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 Great-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 _____.

(select date from drop-down menu)

(select date from drop-down menu)

DATE OF BIRTH MM/DD/YYYY <small>(select date from drop-down menu)</small>	CONTINUOUS YEARS OF MEMBERSHIP # Years Last Paid Membership Year <small>(select date from drop-down menu)</small>
--	---

EMAIL ADDRESS

Signature – Post/Squadron Adjutant
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Signature – Member/Guardian
(Required for Transfers)

SEE INSTRUCTIONS PAGE