

(Submit this form electronically to: membership@ctlegion.org)

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

MEMBERSHIP RECORD CHANGE☐ DeceasedHonorary Life Membership Code: ☐ Add ☐ Delete☐ Dual Member (Member of both The American Legion and SAL)**NAME CORRECTION**

First Name	MI	Last Name	Suffix
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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 - Member / Guardian