



# American Legion Auxiliary Department of Nevada

## MEMBER TRANSFER FORM

*Return this form to Department for processing with the appropriate Transfer Form*

Items marked with \* means these items are **REQUIRED**. Transfers **WON'T** be processed without that information.

\*Unit: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Member Name: \_\_\_\_\_ \*Member Number: \_\_\_\_\_

**Did the member present a current American Legion Auxiliary Card?**

\*Yes \_\_\_\_\_ \*Membership year on the card presented: \_\_\_\_\_

**If "No", how are you validating their membership:** \_\_\_\_\_

---

**\*Prior State and Unit Number:**

\_\_\_\_\_

**\*New Unit Number:**

**Nevada** \_\_\_\_\_

**\*Signatures:**

\_\_\_\_\_

\*Member Signature

\_\_\_\_\_

\*New Unit Officer Signature

---

**\*Does a change of address need to be made?    Yes        No**

*If YES please complete the address information. If NO, you're done!*

**Prior address:**

\_\_\_\_\_

Street address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Number

**New address:**

\_\_\_\_\_

Street address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Number