

LEGION RIDERS
MEMBER DATA FORM

(PLEASE USE INK AND UPPERCASE LETTERS)

DATE: _____

MEMBER ID # (9-DIGIT): _____ DEPT: _____ CHAPTER#: _____

NAME: _____
(FIRST, MI, LAST, SUFFIX)

MEMBERSHIP RECORD CHANGE

____ DECEASED

NAME CORRECTION

(FIRST, MI, LAST, SUFFIX)

NEW ADDRESS

LINE 1: _____

LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # _____ EMAIL: _____

DATE OF BIRTH: _____ CONT. YEARS MBSP: _____ FOR _____
(MO/DAY/YEAR) # YEARS PD MBSP YR

MEMBER TRANSFERRING FROM: DEPT (ALPHA CODE) _____ FORMER POST # _____

MEMBER TRANSFERRING TO: DEPT (ALPHA CODE) _____ NEW POST # _____

SIGNATURE - CHAPTER PRESIDENT

BOTH SIGNATURES REQUIRED FOR TRANSFERS

SIGNATURE - MEMBER