SONS OF THE AMERICAN LEGION
MEMBER DATA FORM | INSTRUCTIONS

Send forms electronically to National Headquarters, IT/Member Support Services at (email) MSSforms@legion.org

Information that is illegible or incomplete is subject to error. Your help in ensuring the accuracy of the information reported is appreciated and will assist National Headquarters in maintaining a more accurate database for members of the Sons of The American Legion.

The Member Data Form should be used to report:

- **Name/Address Changes**
- **Date of Birth**
- **Continuous Years Changes**
- **Squadron Transfers**
- **Deceased Members**

The Member ID No., Squadron No. and the name of the Detachment is required for a Member Data Form to be processed by National Headquarters.

A TRANSFER MAY BE MADE UNDER THE FOLLOWING RULES:

1. No transfer shall be made unless the member requesting transfer has a membership card showing the member is in good standing at the time the transfer is requested. Members whose dues for the current calendar year are not paid by February 1 of that year are suspended, and are not in good standing, and are not eligible for transfer.
2. No charge shall be made to the member for the privilege of transfer and no dues shall be transferred from one squadron to another. The accepting squadron may require payment of the difference in dues on a pro-rated basis if dues are higher than the transferring member's former squadron.
3. A member desiring transfer of membership must first secure approval from the squadron to which transfer is desired. This may be done orally or in writing. The adjutant of the new squadron will complete and route the parts of the form as instructed.
4. Detachment or National Headquarters will carry through by transferring the member's record to the new squadron, provided that member's current record is on file and provided the information on the transfer is complete.

ROUTE THE SAL MEMBER DATA FORM AS FOLLOWS:

Parts 1-3: **Send to Detachment Headquarters. The Detachment will either process the transfer or forward part 1 to National, retain part 2, and mail part 3 to the transferring squadron.**

Part 4: **Squadron should keep for their files.**

SONS OF THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(Submit this form electronically to: MSSforms@legion.org)

Member ID# (9-digit)	Dept.	Squadron #

First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

__ Deceased

__ Dual Member (Member of both The American Legion and SAL)

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

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

Type your First and Last Name to serve as your digital signature

Signature - Member / Guardian

Type your First and Last Name to serve as your digital signature

SONS OF THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(Submit this form electronically to: MSSforms@legion.org)

Member ID# (9-digit)	Dept.	Squadron #

First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

__ Deceased

__ Dual Member (Member of both The American Legion and SAL)

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

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

Type your First and Last Name to serve as your digital signature

Signature - Member / Guardian

Type your First and Last Name to serve as your digital signature

SONS OF THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(Submit this form electronically to: MSSforms@legion.org)

Member ID# (9-digit)	Dept.	Squadron #

First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

__ Deceased

__ Dual Member (Member of both The American Legion and SAL)

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

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

Type your First and Last Name to serve as your digital signature

Signature - Member / Guardian

Type your First and Last Name to serve as your digital signature

Revised: JAN / 2025

Department Headquarters Copy
(to be sent to Post losing member)

SONS OF THE AMERICAN LEGION | MEMBER DATA FORM

Date _____

(Submit this form electronically to: MSSforms@legion.org)

Member ID# (9-digit)	Dept.	Squadron #

First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

__ Deceased

__ Dual Member (Member of both The American Legion and SAL)

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

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

Type your First and Last Name to serve as your digital signature

Signature - Member / Guardian

Type your First and Last Name to serve as your digital signature