



MEMBER DATA FORM

Member ID# _____ (required) Date _____

Department _____ Unit # _____ Senior _____ Junior _____

Name _____

Deceased (check this box if above person is deceased)

Corrections:

Former Last Name _____ New Last Name _____

Former Address _____ New Address _____

Former City _____ New City _____

Former State _____ Zip _____ New State _____ Zip _____

Former Phone _____ New Phone _____

UNIT TRANSFERS

Previous Unit # _____ Department _____ New Unit # _____ Department _____

Signature Member Required

Signature New Unit Officer Required

This form is to report all name and address changes, that a member is deceased as well as to transfer members into a Unit. **Do Not use this form as an application for membership into a Unit.** Please only fill out the areas on the form that are required for the reason you are using this form.

Send the form to
ALA Dept of GA
3035 Mt. Zion Rd
Stockbridge, GA 30281