20 W. 12 St. Room #314
St. Paul, MN 55155
Email: deptoffice@mnala.org
Phone: (651) 224-7634

Member Data Form

Does this person hold a Unit / District Officer / Chairmanship? ☐ Yes ☐ No

Unit Position:	and/or	District Position:
Member ID #	Date:	Current Unit#
Member Name:		☐ **SR** ☐ **JR**

Change Information (select one)

☐ **Deceased** Date:	☐ **HLM** (Honorary Life Member)
☐ **Drop/Cancel Membership** (see below)	☐ **Rejoin** (New application required after 3 years expired membership)

Please select a reason for cancellation. If you choose "**Other**," provide an explanation, as the National Database requires it. Memberships cannot be cancelled without a stated reason.

Cancellation Reasons

☐ Department Problem	☐ Health/Age	☐ No Contact from Department
☐ Distance to Unit	☐ Unit Problems	☐ No Contact from Unit
☐ Dues Unaffordable	☐ Meetings Inconvenient	☐ Post Problems
☐ Found other VSO	☐ Member Expelled	☐ Work/Other Commitments
☐ Other with Explanation:		

Member's Old Information	**Member's New Information**
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone# _____	Phone# _____
Email _____	Email _____
☐ Continuous Years Correction _____	☐ Join Date Correction _____

Unit Transfers

Previous Unit Information		New Unit Information	
Unit#	Dept.(State)	Unit#	Dept. (State)
Signature - Member (required)		Signature - New Unit Membership Chairman (required)	

Signature of Person Submitting this Form