



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														
☐ Distance to Unit	☐ Unit Problems														
☐ Dues Unaffordable	☐ Meetings Inconvenient														
☐ Found other VSO	☐ Member Expelled														
☐ Other with Explanation: _____	☐ No Contact from Department														
	☐ No Contact from Unit														
	☐ Post Problems														
	☐ Work/Other Commitments														
<table border="1"> <thead> <tr> <th>Member's Old Information</th> <th>Member's New Information</th> </tr> </thead> <tbody> <tr> <td>Name _____</td> <td>Name _____</td> </tr> <tr> <td>Address _____</td> <td>Address _____</td> </tr> <tr> <td>City _____</td> <td>City _____</td> </tr> <tr> <td>State & Zip _____</td> <td>State & Zip _____</td> </tr> <tr> <td>Phone# _____</td> <td>Phone# _____</td> </tr> <tr> <td>Email _____</td> <td>Email _____</td> </tr> </tbody> </table>		Member's Old Information	Member's New Information	Name _____	Name _____	Address _____	Address _____	City _____	City _____	State & Zip _____	State & Zip _____	Phone# _____	Phone# _____	Email _____	Email _____
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