

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