

# American Legion Auxiliary Department of South Dakota

## Member Transfer Form

Please mail to: South Dakota American Legion Auxiliary, PO Box 983, Mitchell, SD 57301

New Town & Unit #: \_\_\_\_\_ District #: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Previous Town & Unit #: \_\_\_\_\_ State: \_\_\_\_\_

Member Signature: \_\_\_\_\_

New Unit Officer Signature \_\_\_\_\_