

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF KANSAS  
MEMBER PROFILE UPDATE AND TRANSFER FORM**

**Units please use this form to submit member changes to Department Headquarters.** The members of the Unit that have access to ALAMIS may update the following information through that system: name, contact information, marital status, communication preferences, and mark a member deceased. You do not need to forward this form to Department Headquarters if you completed the named changes through the ALAMIS system. All other changes must be made by Department Headquarters with the use of this form.

**ONCE COMPLETED, MAIL THIS FORM TO:** American Legion Auxiliary, Department of Kansas, 1314-B SW Topeka Blvd, Topeka, Kansas 66612. You may e-mail this document to: [ksaladeptoffice@gmail.com](mailto:ksaladeptoffice@gmail.com)

**FORM INSTRUCTIONS:** You may enter changes for more than one member on this form by indicating each member's name and membership id in the spaces provided. For transfers, only one member may be transferred per form. In the "Ch#" column, please indicate the change number type from the list below:

<u>Ch#</u>	<u>Change Type</u>	<u>Ch#</u>	<u>Change Type</u>
1	Name	7	Class Change
2	Contact Information (address, phone, email)	8	War Era of Eligibility
3	Mark Deceased (include date of death in "notes")	9	Branch of the Service Eligibility
4	Continuous Years	10	Make Honorary Life
5	Marital Status	11	Transfer (complete "Unit Transfer" section below)
6	Communication Preferences	12	Other

**Unit Number** \_\_\_\_\_ **Contact** \_\_\_\_\_

Effective Date	Ch#	Member's Name Member's ID Number	Notes and/or New Information

**UNIT TRANSFERS**

**PREVIOUS** Unit#: \_\_\_\_\_, Department: \_\_\_\_\_ **NEW** Unit #: \_\_\_\_\_, Department: \_\_\_\_\_

\_\_\_\_\_  
Member Signature (required)  
Last Updated: 3/14/2025

\_\_\_\_\_  
Officer of New Unit Signature (required)

