



**American Legion Auxiliary
NEBRASKA MEMBER TRANSFER FORM**

Date: _____

Member ID # _____

Department of Nebraska Unit # _____

Name: _____

Address _____

City _____ St. _____ Zip _____

Previous Unit # _____

New Unit # _____

Previous Unit Location _____

New Unit Location _____

Signature - Member (required)

Signature - New Unit Officer(required)