



**New Mexico American Legion Riders
Motorcycle Association**



MEMBER DATA/TRANSFER FORM

Member ID (9 Digit) _____ Dept. _____ Post # _____ Chapter # _____

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email address: _____

Legionnaire _____ Auxiliary _____ Sons of American Legion _____ Chapter Membership # _____

New Member/Date: _____ Deceased Member/Date: _____ Resigned/Expelled Member/Date: _____

THE SECTION BELOW IS FOR TRANSFERS:

Member Transferring from: Chapter # _____ Post# _____

Member Transferring to: Chapter # _____ Post # _____

Old Chapter Membership number: _____ New Chapter Membership number: _____

Member Signature: _____

Current Chapter Director Signature: _____

Gaining Chapter Director Signature: _____

**EMAIL COMPLETED FORM TO THE STATE ASSISTANT DIRECTOR:
JANET "SIS" ROMERO
sis.nmalr@gmail.com**



Website: NMALR.org

