



**New Mexico American Legion Riders
Motorcycle Association-State**

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 # _____ New Chapter Membership # _____

Member Signature: _____

Current Chapter Director Signature: _____

Gaining Chapter President Signature: _____

NOTE: Except for transfers, E-mail the completed form to the State Vice President. For transfers, a signed form will be mailed to the State Vice President, who will, in turn, notify the losing Chapter.



website: <http://www.nmlegionriders.org>

