



American Legion Auxiliary, Department of Rhode Island
In the Spirit of Service Not Self for Veterans, God and Country

TRANSFER FORM

MEMBER ID# _____ **DATE:** _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SENIOR: _____ **JUNIOR:** _____

PREVIOUS UNIT #: _____ **DEPARTMENT:** _____

NEW UNIT NAME AND NUMBER:: _____

Signature - Unit Secretary (Required)

Member's Signature

55 Algonquin Dr., Warwick, Rhode Island 02888

(401) 369-7998