

**LEGION RIDERS  
MEMBER DATA FORM**

(PLEASE USE INK AND UPPERCASE LETTERS)

DATE: \_\_\_\_\_

MEMBER ID # (9-DIGIT): \_\_\_\_\_ DEPT: \_\_\_\_\_ CHAPTER #: \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST, MI, LAST, SUFFIX)

**MEMBERSHIP RECORD CHANGE/ TRANSFER**

\_\_\_\_\_ DECEASED

NAME CORRECTION

\_\_\_\_\_  
(FIRST, MI, LAST, SUFFIX)

NEW ADDRESS

LINE 1: \_\_\_\_\_

LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
(MO/DAY/YEAR)

MEMBER TRANSFERRING FROM: DEPT \_\_\_\_\_ FORMER POST# \_\_\_\_\_  
(ALPHA CODE)

MEMBER TRANSFERRING TO: DEPT \_\_\_\_\_ NEW POST# \_\_\_\_\_  
(ALPHA CODE)

**BOTH SIGNATURES REQUIRED FOR TRANSFERS**

\_\_\_\_\_  
SIGNATURE – CHAPTER DIRECTOR

\_\_\_\_\_  
SIGNATURE – MEMBER