Member Data Form

Date _____

Member ID# _____ District # _____ Unit #_____

(***Required*** *for all changes*)

SR____ **JR**_____ **DECEASED**_____, date of death__/___/_____

Name _____ **PUFL** ☐ Honorary Life Member ☐

CORRECTIONS	
Old Information	New Information
Name _____	Name _____
Former Address_____	New Address: _____
Former City _____	New City _____
Former State _____ Zip _____	New State: _____ Zip:_____
Former Telephone# _____	New Telephone: _____
Email Address _____	E-mail Address _____
UNIT TRANSFER	
Previous Unit# _____ Department of _____	**New** Unit# _____Department of **Maryland**
_____ Signature – Member **(Required)**	_____ Signature – New Unit Officer **(Required)**

Continuous Years of Membership (Paid Years) _____

Mail to:
ALA Department of MD
1589 Sulphur Spring Rd., Suite 105
Baltimore, MD 21227
Or email to: hq@alamd.org

Revised 2025