

## Men's Auxiliary Member Change Request Form

- Name/Address Change       Post Transfer Old Post No. \_\_\_\_\_  
New Post No. \_\_\_\_\_  
Location \_\_\_\_\_ (CITY/STATE)       Report Death \_\_\_\_\_  
(Source of Information)

Member No. \_\_\_\_\_

Member Name \_\_\_\_\_

Old Address \_\_\_\_\_  
(STREET, CITY, STATE, ZIP)

New Address \_\_\_\_\_  
(STREET, CITY, STATE, ZIP)

I certify that information submitted for the named member is correct to the best of my knowledge.

Treasurer (Please Sign) \_\_\_\_\_ email \_\_\_\_\_  
Phone No. (    ) \_\_\_\_\_

**FOR YOUR CONVENIENCE THERE ARE INSTRUCTIONS ON THE BACK OF THIS FORM**

MAUX - MCR (05/06)



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**Instructions for use of this form (form MCR)**

1. Please print clearly. Use one form per member.
2. Member's old address is required for address changes and transfers.
3. DO NOT SEND CASH WITH THIS FORM.
4. Treasurer must sign this form where indicated. Please include phone number.

**Mail completed form to:**

**VFW National Headquarters  
Data Entry Department  
P.O. Box 119031  
Kansas City, MO 64171-9031**

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