



Post Roster Update Change of Member Data Form

Please ensure Post,
Department, and
National records
are all changed.

OFFICIAL INITIATING CHANGE(S):

SIGN AND DATE WHEN CHANGES ARE VERIFIED/ENTERED:

Name: _____

IN POST RECORDS: _____

Title: _____

IN DEPT RECORDS: _____

Department/Post: _____

Phone Number: _____

IN NATL RECORDS: _____

Address: _____

(National Headquarters will return form to Post upon completion)

City: _____

State: _____ ZIP: _____

	Old Data	New Data
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		
<input type="checkbox"/> Life <input type="checkbox"/> Annual Member ID#: _____ Name: _____		

When review is completed at Post, **sign and mail** this form to Department Headquarters for action
 When update is completed at Department, **sign and mail** this form to National Headquarters for action
 When update is completed at National, **sign and mail** this form to Post as confirmation of database update

		Old Data	New Data
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			
<input type="checkbox"/> Life	<input type="checkbox"/> Annual		
Member ID#:			
Name:			

When review is completed at Post, sign and mail this form to Department Headquarters for action

When update is completed at Department, sign and mail this form to National Headquarters for action

When update is completed at National, sign and mail this form to Post as confirmation of database update