

PLAV DATA BASE MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

CIRCLE ONE: NEW ACTIVE STATE LIFE POST LIFE NAT'L LIFE SONS & GRANDSONS HONORARY

CIRCLE ONE: CHANGE DEATH DELETE REINSTATE

TRANSFER

FROM: ZONE STATE POST TO: ZONE STATE POST

ZONE STATE POST PERMANENT MEMBER NUMBER

NAME FIRST MIDDLE LAST

NAME CORRECTION FIRST MIDDLE LAST

FORMER ADDRESS NEW ADDRESS

CITY CITY

STATE ZIP STATE ZIP

REVISED BY DATE

FORM M-600

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Polish Legion of American Veterans, U.S.A.

PLAV DATA BASE MEMBER INFORMATION FORM INSTRUCTIONS M-600

All requests for copies of this Form must be submitted to the National Adjutant or down loaded from our website www.plav.org.

1. THE INFORMATION FORM SHOULD BE USED TO REPORT NEW MEMBERS, NAME OR ADDRESS CHANGES, DEATHS, DELETIONS, REINSTATEMENTS AND POST TRANSFERS.
2. THE MEMBER'S NAME, POST NUMBER, PERMANENT MEMBER NUMBER AND NAME OF DEPARTMENT (STATE) ARE REQUIRED FOR THE INFORMATION FORM TO BE PROCESSED BY THE DATA BASE SERVICE.
3. TRANSFERS FROM ONE POST TO ANOTHER IS A PRIVILEGE GRANTED TO ANY PAID-UIP MEMBER ONLY WITH THE APPROVAL OF THE POST TO WHICH THE MEMBER DESIRES TO TRANSFER.
4. PROVIDE THE POST NUMBER AND STATE WHICH THE MEMBER IS TRANSFERRING FROM AND THE NEW POST NUMBER AND STATE (INDICATE THE NEW WHERE IT SAYS ZONE, STATE OR POST NUMBER.)

ROUTE THE INFORMATION FORM THROUGH YOUR STATE DEPARTMENT WHO WILL THEN FORWARD IT TO THE NATIONAL MEMBERSHIP DIRECTOR.