

Are You A Snowbird?

(Example - you live in Indiana from April-October and Florida from November-March)

Does your Post have one or more members who are snowbirds, moving between two different addresses each year? Did you know National can automatically change their address so that they never miss an issue of their Magazine, their renewal notices or any other mail from National? If you have members who would like to take advantage of this service, please let us know by having them complete the information below.

NOTE: *This service works only if the member moves between the same two addresses at the same time each year.* The member must provide a summer & a winter address and the approximate dates they move to/from each. Once their membership record is set-up for our “snowbird” service, the member won’t need to notify us when they move unless they change either address entered below. Since most mailings from National are printed weeks in advance, please allow 6-8 weeks for the initial change to take affect.

Name _____

9 digit Member ID # _____ - _____ - _____

ADDRESS 1 (SUMMER)

I will be there from _____ to _____

ADDRESS 2 (WINTER)

I will be there from _____ to _____

Member’s Signature _____ Date _____

This information should be mailed directly to the address below (your Post should also be notified):

THE AMERICAN LEGION, IT/DATA SERVICES, PO BOX 1954, INDIANAPOLIS, IN 46206

The completed form can also be faxed to (317) 860-3001.

****MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED****

VETERAN'S DATA RECORD

(Please type if possible)

The American Legion has fully accredited Service Officers located at each VA Regional Office. These representatives are at your service to help develop and file claims and assist you and/or your dependents in applying for the various benefits you may be may entitled to. Local American Legion Posts generally have a Post Service Officer who can provide guidance necessary in filing your claim. It is recommended you list numbers and locations of the following noted items so your family will have the details necessary to file for benefits if your are incapacitated or deceased. **You should file this form in a safe place at home, bank, attorney, or provide it to your Post for safekeeping.**

Full Name _____ Date of Birth _____

Location of Birth Certificate _____

SS # _____ - _____ - _____ Military Service # _____ Branch of Service _____

Dates of Service _____ Service Entry Location _____ Discharge Type _____

Names/Addresses of Those You Served With _____

Place(s) Served _____

VA Claim Number _____ County/State Discharge Is Recorded _____

Spouse's Full Name _____ Date/Place of Marriage _____

Location of Marriage Certificate _____ Names of Children _____

Location of each Birth Certificate _____

Other information:

Wills _____ Mortgage _____

Insurance Policies _____ Bank Accounts _____

Stocks/ Bonds _____

Miscellaneous:

You have earned the right to certain veteran's benefits. Use this form to make it easier for your family in case of an emergency. Make sure to retain a copy for your records, including one in a safe deposit box. If possible, attach a copy of your veteran's discharge/separation papers. In order to have a record of this information to establish eligibility for veterans and widow benefits in the future, it is suggested a copy be furnished the Veterans Service Agency in your area. Plus, a copy of your discharge and this document should be filed in your County Clerk's office.

If your or your spouse had a previous marriage, it is important you list how these marriages ended (death, divorce, and annulment) and you should list the dates and places of termination, as the VA needs marriage legality proof.

The American Legion Extension Institute Order Form

The Power of Knowledge

Selling (Recruiting) membership can be greatly enhanced when you know your product; The American Legion, that is. The more you know, the better the odds of attracting new veterans into the organization, and education is the key to identifying a program or activity that fits every veteran's needs.

Gain this knowledge by enrolling in The American Legion **Extension Institute** course.

This course has been developed to provide every member of The American Legion, American Legion Auxiliary and Sons of The American Legion an opportunity to learn and discover the rich history and tradition, programs, policies, developments, positions, and future goals of our organization.

It can be adapted for daily use or be utilized as an excellent source to reference...an educated and informed member spells success...if you are interested in knowing more about your American Legion, enroll today. **Order Stock # 755.210. \$ 6.95 per set plus applicable state sales tax (CA, DC, ID, IN, MA, ME, ND, & NB only) plus shipping/handling...refer to current catalog.**

Order several sets for your friends. Start a study group. Make it fun. Give prizes for completing the course. **Graduates receive a cap pin and a certificate from National.**

Send your enrollment(s) with the appropriate fee(s)...check or money order, to:

EXTENSION INSTITUTE
National Emblem Sales, Dept. W
P.O. Box 1050
Indianapolis, IN 46206

**or use your MasterCard, VISA or Discover credit card
and place your order toll-free by calling 1-888-4LEGION (1-888-453-4466)**

SHIP BOOKS TO:

Quantity Ordered _____ Amount Enclosed \$ _____

MEMBER (9-digit) ID #: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ - _____

Circle One: MasterCard VISA Discover

Credit Card #: _____ Exp. Date: _____

Signature: _____ Phone #: _____

POST DATA FORM (2007 Membership Year)

A preprinted form for your post will be sent for annual springtime reporting, but if there is a change at others times, make a copy of this page and send it to the department immediately with the change.

*** Immediate Response Requested ***

Throughout the year, there are times your Post may be contacted concerning Membership Renewal, *DISPATCH* subscriptions, Awards, Veterans Affairs information or on other important matters.

For these reasons, your Department and National Headquarters will appreciate your help in providing the Post information noted below. Reporting this data will make your job (and ours) easier. Please provide:

- 1) 2006 dues amount, and effective date of change.
- 2) Address to which the member mails the dues.
- 3) Physical address of the Post; this *could* differ from the mailing address.

The information reported for dues mailing purposes (Nos. 1 & 2 above) will be printed by National Headquarters on dues notices mailed to members. If at anytime during the year, there is a change in Post dues or the mailing address where members mail their dues, the Post should notify the Department Headquarters immediately. The Department will then report the changes to National.

Please make sure the data provided is correct and is submitted to your Department before April 15, 2006. For the first renewal mailing, no change in the amount of dues or remittance address can be made after this deadline. Other deadline dates will affect later mailings.

(Type or print in ink and forward to the Department)

Department of _____ Post Number _____

\$ _____ is the dues amount for the Post and to be billed to members for their 2007 membership.
_____/_____/2006
Effective date of change; month, day, year

Dues MAILING Address for National Headquarters file is:

AMERICAN LEGION POST # _____

(Provide a complete address above)

Note: If the above address contains a member's name or is being sent to a member's home address as the contact, please provide the member's 9-digit ID #: _____

Post PHYSICAL Address for National Headquarters file is:

AMERICAN LEGION POST # _____

Authorized Post Officer Signature

Date

Complete and return to Department Headquarters as soon as possible. Failure to do so could cause membership renewals to be mailed to members with incorrect information.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. **Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record or military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA", meaning the information is "not available". Include as much of the requested information as you can.
2. **Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provide. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.
3. **Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.
4. **Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
5. **Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses).
6. **Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses).
7. **Definitions and abbreviations.** DISCHARGED – the individual has no current military status; HEALTH – Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.
8. **Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure for the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)				
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** _____

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

- | | |
|--|---|
| <input type="checkbox"/> Military service member or veteran identified in Section I, above | <input type="checkbox"/> Legal guardian (must submit copy of court appointment) |
| <input type="checkbox"/> Next of kin of deceased veteran _____ (relation) | <input type="checkbox"/> Other (specify) _____ |

2. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature of requester (Please do not print.) _____

() _____

Date of this request _____ Daytime phone _____

Email address _____

** This form is available at http://www.archives.gov/research_room/obtain_copies/standard_form_180.pdf on the National Archives and Records Administration (NARA) web site.**

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired on or after 5/1/1994	14	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired on or after 10/16/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	
	Active, reserve, or TDRL	10	
PUBLIC HEALTH SERVICE	Commissioned Corps – active, inactive, terminated, retired	15	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	Commander U.S. Army Reserve Personnel Command ATTN: ARPC-ZCC-B 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander CGPC-Adm-3 U.S. Coast Guard 2100 2nd Street, S.W. Washington, DC 20593-0001	8	U.S. Total Army Personnel Command ATTN: TAPC-MSR-S 200 Stoval Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-313C1) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Personnel ATTN: Records Officer 5600 Fishers Lane, Room 4-36 Rockville, MD 20857-0001