AMERICAN LEGION AUXILIARY

Remit to:
American Legion Auxiliary
1540 Kuser Road, Suite A-8
Hamilton, New Jersey 08619
609-581-9580

MEMBERSHIP BACK DUES YEAR _____

UNIT # _____ COUNTY _____ DATE _____

MEMBER ID#	NAME	SR	JR	# YEARS	DUES $
TOTALS					

MEMBERSHIP INVOICE KEEP ATTACHED

UNIT # _____ COUNTY _____ DATE _____

\# _____ SENIORS _____ $ Amount _____ $15.00 ea.

\# _____ JUNIORS _____ $ AMOUNT _____ $2.50 ea.

TOTALS _____

Make Check Payable to:
ALA Dept. of NJ