

AMERICAN LEGION AUXILIARY

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

MEMBERSHIP RENEWAL DATE 2018

MEMBER ID#	NAME	SR	JR	# YEARS	DUES \$
TOTALS					

MEMBERSHIP INVOICE KEEP ATTACHED

UNIT # _____ COUNTY _____ DATE _____

SENIORS _____ \$ Amount _____
 # JUNIORS _____ \$ AMOUNT _____

TOTALS _____

DUES SENIORS \$15.00 JUNIORS \$2.50

**Make Check Payable to:
 ALA Dept. of NJ**