AMERICAN LEGION AUXILIARY

BACK DUES **YEAR**

MEMBER ID#	NAME	SR	JR	# YEARS	DUES $

UNIT # **COUNTY** **DATE**

**SENIORS** **$ AMOUNT**

**JUNIORS** **$ AMOUNT**

TOTALS

DUES SENIORS $15.00 JUNIORS $2.00

Make Check Payable to : ALA Dept of NJ

REMIT TO:
American Legion Auxiliary
Department of New Jersey
1540 Kuser Road, Suite A-8
Hamilton, New Jersey 08619