AMERICAN LEGION AUXILIARY

NEW MEMBER 2019

	NAME	SR	JR	# YEARS	DUES $

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

**SENIORS** _____ **$ AMOUNT** _____

**JUNIORS** _____ **$ AMOUNT** _____

TOTALS _____

DUES SENIORS $18.00 JUNIORS $3.75

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