

AMERICAN LEGION AUXILIARY

MEMBERSHIP BACK DUES YEAR

MEMBER ID#	NAME	SR	JR	# YEARS	DUES \$

UNIT#	COUNTY	DATE
#	SENIORS	\$AMOUNT
#	JUNIORS	\$AMOUNT
TOTAL _____		
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