

**AMERICAN LEGION AUXILIARY DEPT. OF NJ
2023-2024 TRANSMITTAL**

Date: _____

NEW MEMBERS: PROVIDE APPLICATION FOR PROCESSING

MEMBER ID#	NAME	SR	JR	RENEW	REJOIN	TRANSF	NEW	BACK DUES	TOTAL DUES

Unit #: _____

County: _____

Subtotal:

Credit:

Total:

_____ Seniors@\$24.00 Amount\$ _____
_____ Juniors@\$3.75 Amount\$ _____

Total:

DUES: SENIORS \$24.00
JUNIORS \$3.75

Make check payable to: ALA Dept. of NJ

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