American Legion Auxiliary
Dept of California
401 Van Ness Ave., Ste 319
San Francisco CA 94102-4570

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calegionaux@calegionaux.org
www.calegionaux.org

Membership Transmittal # _____ Unit # _____ Date

Contact _____

Address _____

_____

Phone _____

Per Capita to Department:

$12.00 per Senior Member Prior to 2013

$17.00 per Senior Member for 2013

$ 2.00 per Junior Member for all years

Email Addee _____

PAST YEAR'S DUES

ID	First Name	Last Name "List Alphabetically"	Member Type	Dues 2013	Dues 2014	Dues 2015	Dues 2016	Dues 2017
Ex: 123456789	Jane	Doe	SR,JR,Pufl					

Per Capita prior to 2013	Total # of Seniors	*X $12.00=*	$
Per Capita 2013	Total # of Seniors	*X $17.00=*	$
Same for all years	Total # of Juniors	*X $2.00=*	$
	Enter Total amount of Check (add total amount for Jrs + total amount for Srs)		$

***Indicate Member #, Last & First Name, Member Type SR; JR; PUFL (was VIM), what year you are paying only.
***If Continuous Years is incorrect on the Roster, indicate corrected years on Member Data Form
***All Transfers, Deaths & Name & Address changes must be on Member Data Form
***All new applicants must have all areas filled out like sample (enclosed) or cannot be processed in new system - no exceptions!!!

Office Use Only:

Ck#	Amount Paid	Date