



American Legion Auxiliary  
 Dept of California  
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Membership Transmittal # _____	Unit # _____	Date _____
Contact _____	Per Capita to Department:	
Address _____	\$12.00 per Senior Member Prior to 2013	
_____	\$17.00 per Senior Member for 2013	
Phone _____	\$ 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
Ex: 123456789	Jane	Doe	SR, JR, Puff				
Per Capita prior to 2013	Total # of Seniors		X \$12.00=	\$			
<b>Per Capita 2013</b>	<b>Total # of Seniors</b>		<b>X \$17.00=</b>	<b>\$</b>			
Same for all years	Total # of Juniors		X \$2.00=	\$			
<i>Enter Total amount of Check (add total amount for Jrs + total amount for Srs)</i>				\$			

\*\*\*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