



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

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 415-861-8365 Fx
 Email calegionaux@calegionaux.org
 Web www.calegionaux.org

Transmittal # _____ Unit # _____ Date _____

Contact _____

Address _____

Phone _____

Email Addree: _____

Per Capita to Dept:
\$17.00 per SR Member
\$ 2.00 per JR Member

RENEWALS ONLY - PLEASE LIST ALPHABETICALLY BY LAST NAME

ID	First Name	Last Name	Member Type	2018
SAMPLE	Members			
<i>EX:123456789</i>	<i>JANE</i>	<i>DOE</i>	<i>SR or JR</i>	<i>X</i>
1				
2				
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23				
24				
25				

Total Juniors ____ x \$2.00 = _____
 Total Seniors ____ x \$17.00 = _____

Office Use Only: Do Not Use this Area		
Ck#	Amount Paid	Date