



IDAHO UNIT DATA FORM

I understand that the **DUES** amount below will be printed on the upcoming Renewal Notices that will be mailed Renewal Notice where our members are to mail their dues for this Unit. Information on this Unit Data Form will also be used for the Idaho Department Directory.

American Legion Auxiliary DEPARTMENT OF IDAHO, WESTERN DIVISION

DISTRICT # _____ UNIT & Number _____/_____

Senior Dues of the Unit are \$ _____ per member.

Junior Dues of the Unit are \$ _____ per member.

Name of the individual in the Unit who will receive dues, membership, and ID Number.

| Name | Address | City | Zip Code |
|------|---------|------|----------|
|------|---------|------|----------|

| Area Code | Telephone # | Email Address |
|-----------|-------------|---------------|
|-----------|-------------|---------------|

Unit Name: _____

Unit PO/Mailing Address: _____

| Address | City | Zip Code |
|---------|------|----------|
|---------|------|----------|

Unit Meeting Location: _____

Unit Meeting Date: _____ Unit Meeting Time: _____

Signature: _____/_____/_____

Title

Date

Please note all information must be completed. It is imperative that this Data Form be returned **NO LATER** than **MAY 1st**. Not doing so may cause next year's renewal notices to be sent to the wrong person with the incorrect amount & incorrect information to the Department. PLEASE send this form in even if the amount or information has not changed.

ALA Department of Idaho
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