



**American Legion Auxiliary  
Department of Idaho**

**POSTAGE**

**Due Every Year by December 31<sup>st</sup>  
\$20**

**Name:** \_\_\_\_\_

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**City** \_\_\_\_\_ **, ID (Zip)** \_\_\_\_\_

**PLEASE specify which category you need!**

**Unit & #** \_\_\_\_\_ **/** \_\_\_\_\_ **District #** \_\_\_\_\_ **Individual** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Signature** \_\_\_\_\_

Submit this form with your payment to: American Legion Auxiliary  
905 W Warren Street  
Boise, ID 83706

If you have any questions, please contact the office at (208) 342-7066. [idalegionaux@gmail.com](mailto:idalegionaux@gmail.com)

**Comments:**

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**Completed by Department Only**

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**Date Submitted by Dept** \_\_\_\_\_ **Signature of Office Official** \_\_\_\_\_

*Thank You*