Membership *Renewal* Form _____ (year)

Unit: _____ Unit #: _____

Date: _____ Annual Dues: Sr. _____ Jr._____

Year	Sr	Jr	Last Name	First Name	Membership #	Amt. to Dept

Mail to: American Legion Auxiliary
8766 Rim RD
Nampa, ID 83686

Total Submitted $ _____

Submitted by: _____