



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

**Total Submitted \$** \_\_\_\_\_