



## 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 Date 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.

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Name	Address	City	Zip Code
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Area Code	Telephone #	Email Address
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Unit Name: \_\_\_\_\_

Unit PO/Mailing Address: \_\_\_\_\_

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Address	City	Zip Code
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Unit Meeting Location: \_\_\_\_\_  
\_\_\_\_\_

Unit Meeting Date: \_\_\_\_\_ Unit Meeting Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please note all information must be completed. It is imperative that this Data Form be returned NO LATER than MAY 1<sup>st</sup>. 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.