



IDAHO UNIT DATA FORM

I understand that the **DUES** amount below will be printed on the upcoming Renewal Notices that will be mailed to each Senior member of our units from the National Organization. Below is the address to be printed on each 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.

DEPARTMENT OF IDAHO: DIVISION _____ DISTRICT # _____ UNIT & # _____

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

20 ____ 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
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Area Code	Telephone #	Email Address
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Unit Name: _____

Unit PO/Mailing Address: _____

Address	City	Zip Code
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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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