



American Legion Auxiliary
 Dept of California
 401 Van Ness Ave Rm 113
 San Francisco CA 94102

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 415-861-8365 FAX
 Email calegionaux@calegionaux.org
 Web www.calegionaux.org

Membership Transmittal # _____

Unit # _____

Date _____

Contact _____

Address _____

Phone _____

Per Capita to Dept:
 \$12.00 per SR Member
 \$ 2.00 per JR Member

NEW MEMBERS ONLY - Please list SENIORS then JUNIORS

ALL IN ALPHABETICAL LAST NAME ORDER

ID	First Name	Last Name	Member Type	2012 DUES
SAMPLE	Members			
<i>NEW</i>	<i>JANE</i>	<i>DOE</i>	<i>SR or JR</i>	<i>X</i>
1				
2				
3				
4				
5				
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16				
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18				
19				
20				
21				
22				
23				
24				
25				

Total Juniors ____ x \$2.00 = _____
 Total Seniors ____ x \$12.00 = _____

Office Use Only: Do Not Use this Area		
Ck#	Amount Paid	Date