



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

415-861-5092 Ph
 415-861-8365 Fx
 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
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PAST YEARS / REJOIN MEMBERS ONLY
PLEASE LIST ALPHABETICALLY BY LAST NAME

ID	First Name	Last Name	Member Type	YEAR PAID
SAMPLE	Members			
<i>Ex: 123456789</i>	<i>JANE</i>	<i>DOE</i>	<i>SR or JR</i>	<i>2010 (?)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

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

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