



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

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 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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RENEWALS ONLY - PLEASE LIST ALPHABETICALLY BY LAST NAME

ID	First Name	Last Name	Member Type	2012 DUES
SAMPLE	Members			
EX:123456789	JANE	DOE	SR or JR	X
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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