

DIST \_\_\_\_\_ UNIT \_\_\_\_\_



**AMERICAN LEGION AUXILIARY**

Department of Ohio, Inc.  
1100 Brandywine Blvd, Bldg. D  
Zanesville, Ohio 43701  
(740) 452-8245 ext 102  
assist@alaohio.org

Due Upon Receipt  
Past Due after 5/10/26

**UNIT DATA FORM - - RENEWAL NOTICES**  
**MANDATORY! MUST BE COMPLETED WITH OR WITHOUT CHANGES**

<u>Name of Individual to Receive Membership Dues</u>	<u>Member ID#</u>
<u>E-Mail Address</u>	
<u>Address where Membership Dues are to be Mailed</u>	
<u>City/State/Zip</u>	
<u>Telephone Number:</u>	

Please fill in all required information. Incomplete forms will not be processed. Total Dues amount should be the total amount paid by each member and will be reflected on the Renewal notice.

<b>20__ JUNIOR MEMBER UNIT DUES</b>	
National Portion	\$ 2.50
Department Portion	\$ 3.75
Unit Portion	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____*</b>
<b>*This amount will be listed on renewal notice for members to submit for dues.</b>	

<b>20__ SENIOR MEMBER UNIT DUES</b>	
National Portion	\$ 18.00
Department Portion	\$ 11.00
Unit Portion	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____*</b>
<b>*This amount will be listed on renewal notice for members to submit for dues.</b>	

I understand that the dues amount listed below will be printed on the Membership Renewal Notices mailed to each senior member of our Unit by our National organization. **The name and address above will be printed on each Membership Renewal Notice designating where members are to mail their dues.** It is also understood that any change in the amount of dues not communicated on this form will not be reflected in Membership Renewal Notice.

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

**Return completed form to the email or  
USPS address listed above.**

<i>For Office Use only</i>	
Date Received: _____	Recorded by: _____
Sent to Natl Hdqtrs _____	