

American Legion Auxiliary
Department of Arkansas
2020 Unit Data Form – Direct Billing
(Please type or write with black or blue ink)

By submitting this form, the Unit understands that the dues amount listed below will be printed on the Membership Renewal Notices Remittance forms for the 2020 membership year mailed from the National American Legion Auxiliary. Please complete the following:

Senior dues = \$12 for National + \$6 for Department + \$_____ for Unit =	TOTAL DUES
Junior dues = \$ 3 for National + \$1.25 for Department + \$_____ for Unit =	\$_____

Notices are mailed to senior members of your Unit. No change in the total dues or the address to which the dues are to be sent can be made after the **APRIL 12, 2019** deadline.

District # _____ Unit # _____ Unit City _____

Name of individual in the Unit to receive membership dues:

Contact information for individual:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Signature of submitting Unit officer	Title	Date
_____	_____	_____

Please return the completed form NO LATER THAN APRIL 12, 2019 to:

American Legion Auxiliary
1415 West 7th Street
Little Rock, AR 72201

The form may be faxed to: (501) 372-0855