



American Legion Auxiliary, Department of Illinois
PO Box 1426
Bloomington, IL 61702-1426
Telephone: (309)663-9366

PREVIOUS YEARS DUES REMITTANCE

Date: _____

Unit Name _____ Unit # _____ District # _____

Person preparing membership remittance:

Name: _____

Daytime Phone: _____

Email: _____

Number of 2019-2020 Seniors: _____ @\$23.00 _____
 Number of 2016-2018 Seniors: _____ @\$20.00 _____
 Number of 2013-2015 Seniors: _____ @\$14.00 _____
 Number of 2012 & Prior Seniors: _____ @\$10.00 _____

Number of 2019-2020 Juniors: _____ @ \$3.35 _____
 Number of 2018 & Prior Juniors: _____ @ \$2.10 _____

Total Paid \$ _____ Check # _____

Membership Credit/Debit Used \$ _____

Amount of Check Enclosed \$ _____

List of Members being submitted:

Member ID #	Name as it appears on National Roster	year/s being paid

(This form may be duplicated)