



*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 2016-2018 Seniors: \_\_\_\_\_ @\$20.00 \_\_\_\_\_  
 Number of 2013-2015 Seniors: \_\_\_\_\_ @\$14.00 \_\_\_\_\_  
 Number of 2012 & Prior Seniors: \_\_\_\_\_ @\$10.00 \_\_\_\_\_  
 Number of Juniors: \_\_\_\_\_ @ \$2.10 \_\_\_\_\_

Total Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

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)