

District Number \_\_\_\_\_ Unit # \_\_\_\_\_

## 2018-19 UNIT DATA FORM

**THIS FORM MUST BE RETURNED TO DEPARTMENT BY APRIL 30, 2018**

This information is required for the printing of your Unit's **2018** Membership cards. **Keep in mind the membership per capita paid to department is \$20.00.**

The dues amount you list will be printed on the **2018** Membership Renewal Notices that will be mailed to your Unit members approximately September 15, 2018. If National has an email address for your members, their renewal notice will be sent to them **via e-mail!** Remind your members to watch for it.

The name and address of the member you list below will be printed on each Renewal Notice to show where your members are to send their 2018 dues. This member **MUST** have her current dues paid before you list her.

*If you do not send this form in on time, your Unit's renewal notices will be incorrect and dues will be sent to the wrong address.*

**You MUST complete this form even if there are no changes since last year.**

FULL NAME OF UNIT \_\_\_\_\_

Physical Address of Post/Unit (Physical location, not mailing address):

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**2018 Senior Dues of this Unit:** \$ \_\_\_\_\_ **2018 Junior Dues of this Unit:** \$ \_\_\_\_\_

**Member to receive our Unit dues:**

Name \_\_\_\_\_ Membership ID #: \_\_\_\_\_

Street Address \_\_\_\_\_ PO BOX # \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Member to receive Department payments for dues paid online:**

Name \_\_\_\_\_ Membership ID #: \_\_\_\_\_

Street Address \_\_\_\_\_ PO BOX # \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Return by April 30, 2018 to: American Legion Auxiliary Dept of Michigan  
212 N. Verlinden Ave., Suite B -- Lansing, MI 48915**

Submitted by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature

Phone (\_\_\_\_\_) \_\_\_\_\_