American Legion Auxiliary
Department of New York

112 State Street, Suite 1310
Albany, New York 12207

SENIOR MEMBER REGISTRATION FORM
Mid Winter Conference 2012

January 27th and 28th, 2012

County_____ District_____

Unit Name & Number_____

Enclosed is Check #_____ in the amount of $_____

for _____ reservations at $30.00 each. Email _____

Please make checks payable to: American Legion Auxiliary, Department of New York

Mail to: American Legion Auxiliary, Department of New York
112 State Street, Suite 1310
Albany, New York 12207

Members attending: (PLEASE **PRINT** NAMES) use back of form if needed.

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