



Senior Member Registration Form
Mid Winter Conference
January 19-20, 2024

County _____ District _____

Unit Name & Number _____

Enclosed is Check # _____ in the amount of \$ _____

_____ # of members registered for the 2024 Mid-Winter Conference at \$50.00 each.
Deadline to Register January 05, 2024

_____ # of members to register for the Community Service Event \$20
(Cost covers materials for the Event where we will be assembling
PS I love you packs for Veterans in VA Hospitals throughout the state)

Please Make Check payable to American Legion Auxiliary Department of New York.

Mail to: American Legion Auxiliary
Department of New York, Inc.
1580 Columbia Turnpike, Bldg. 1, Suite 3
Castleton-on-Hudson, NY 12033

Table with 2 columns: Mid-Winter Conference Registration Name of Member, Community Service Event: PS I Love You Packs for Veterans. Multiple empty rows for data entry.

*Use space on the back of this form if more is needed.