



UNIT NO.: \_\_\_\_\_

COUNTY: \_\_\_\_\_

# AMERICAN LEGION AUXILIARY DEPT. OF NEW YORK **2025 UNIT DATA FORM – FOR DIRECT BILLING**

(Type or Print – Non-legible or incomplete forms will be returned)

## **YOU MUST RETURN THIS FORM EVEN IF THERE ARE NO CHANGES** **THIS IS A MANDATORY FORM AND MUST BE RETURNED BY DUE DATE**

I understand that the dues amount listed below will be printed on the upcoming Membership Renewal Notices that will be mailed, by National Headquarters, to each senior member of our Unit. Below is the address to be printed on each Renewal Notice showing where our members are to mail their dues of this Unit. It is understood that no change in the amount of dues which are to be sent can be made after the deadline of **MAY 1, 2024**.

***Senior and Junior dues can't be less than the per capita dues shown below.***

**(DEPT. + NAT. PER CAPITA) + UNIT PORTION =\* TOTAL DUE TO UNIT PER MEMBER**

**\*THIS IS NOT FOR THE TOTAL NUMBER OF MEMBERS IN THE UNIT-DO NOT LEAVE BLANK\***

**2025 SENIOR DUES OF THE UNIT ARE: (\$28.00) + (\$ \_\_\_\_\_) =\* \$ \_\_\_\_\_**  
PER CAPITA + UNIT PORTION = TOTAL PER SENIOR

**2025 JUNIOR DUES OF THE UNIT ARE: (\$ 6.25) + (\$ \_\_\_\_\_) =\* \$ \_\_\_\_\_**  
PER CAPITA + UNIT PORTION = TOTAL PER JUNIOR

**Name of individual to receive membership dues in the mail in for the September '24 and February '25 renewals:**

**NAME:** \_\_\_\_\_ **Membership I.D. #** \_\_\_\_\_  
(Current year dues of this member must be paid)

**ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**THIS IS A:** Home Address Post Address P.O. Box Other

(\_\_\_\_\_) \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Area Code + Telephone Number

**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**PLEASE NOTE:** IT IS IMPERATIVE THAT THIS DATA FORM BE RETURNED NO LATER THAN **May 1, 2024**. BY NOT DOING SO, WILL CAUSE THE **2025** RENEWAL NOTICES TO BE SENT TO THE WRONG PERSON ALONG WITH THE INCORRECT AMOUNT. CORRECTIONS TO THE **DUES AMOUNT** RECEIVED AFTER THE DEADLINE WILL BE SUBJECT TO A \$30 PROCESSING FEE WHICH IS DETERMINED BY NATIONAL HQ.

- \*\*If there are any updates to the remit to address/name above, you can resubmit this form no later than:**
- July 22, 2024 for the September renewals.
  - December 20, 2024 for the February renewals.
  - Mail or email only--no changes will be made over the phone.

## **RETURN COMPLETED FORM TO THE DEPARTMENT OFFICE**

**American Legion Auxiliary, Dept. of New York**  
**1580 Columbia Turnpike, Bldg. #1, Suite 3;**  
**Castleton-On-Hudson, NY 12033**