

**AMERICAN LEGION AUXILIARY
DIRECT BILLING UNIT DATA FORM**

IT IS **MANDATORY** THAT EVERY UNIT RETURN THIS FORM TO DEPARTMENT HEADQUARTERS **EVERY YEAR**, EVEN IF THERE IS NO CHANGE TO THE INFORMATION PROVIDED PREVIOUSLY. This information is provided to the National Auxiliary every year in order to be printed on the yearly membership renewal notices that go to the members of the unit.

THIS INFORMATION IS DUE TO DEPARTMENT HEADQUARTERS BY MAY 1. Mail this form to: American Legion Auxiliary, Department of Kansas, 1314-B SW Topeka Blvd., Topeka, Kansas 66612; or E-Mail: ksaladeptoffice@gmail.com

DATE: _____ **UNIT #:** _____ **DISTRICT #:** _____

DUES:

Senior dues of the unit are: \$ _____

Junior dues of the unit are: \$ _____

DUES REMITTANCE ADDRESSES:

“Remit to” Member for Member Dues: _____

Address: _____

Telephone: _____ E-Mail: _____

Unit President: _____

Address: _____

Telephone: _____ E-Mail: _____

Unit Vice President: _____

Address: _____

Telephone: _____ E-Mail: _____

Unit Secretary: _____

Address: _____

Telephone: _____ E-Mail: _____

Please note we are requesting each Unit to submit either one (1) or two (2) members email addresses as we will be sending information and reporting information via email to Units with email addresses.

If you DO NOT have internet access, please indicate here that you need hard copies mailed to your Unit and who they need to be sent to.

Name: _____

ADDRESS: _____