



American Legion Auxiliary

PAID UP FOR LIFE

MEMBERSHIP

(Please type or print - see instructions on reverse)

SECTION 1 - To be completed by APPLICANT

FULL NAME: (First) (Middle) (Last)

DATE OF BIRTH: (required) / /

(Address)

PUFL MEMBERSHIP FEE: \$ (see rate chart on reverse side)

(City) (State) (Zip)

DAYTIME TEL # - -

SIGNATURE OF APPLICANT:*

*can only be omitted if membership is a gift; if a gift, please refer to section below

Date Application Submitted to Unit Secretary / /

*FOR GIFT Mail Card to: Name: Tel #: Address: City: State: Zip:

Indicate Payment Method:

- Check or Money Order - - Make payable to: American Legion Auxiliary National
MasterCard Card # Expiration date:
Visa Card # Expiration date:

Daytime Tel # - - Signature: Date: / /

SECTION 2 - To be completed by UNIT SECRETARY

With my signature below, I certify that applicant is a member in good standing, has a valid membership card (has paid dues) for the current year, that application is completed in full, that the PUFL fee listed above is accurate, and that the application is ready for processing at National Headquarters. Note: After January 1, a member whose dues for the current year are not paid is considered delinquent and such member must pay her current dues to the Unit before she is eligible to purchase a PUFL membership. (see information on back)

Membership ID #: Last year, this member paid dues to Unit:

Unit #: Department: Annual Unit Dues (Unit + Dept + Nat'l): \$

*Is Unit waiving its portion of dues for this applicant? Yes No

Signature of Unit Secretary: Date application certified: / /

Address:

City: State: Zip: Daytime Tel #: - -

Note: Send this form, along with payment to:

*for explanation, see "COST" section on reverse side

American Legion Auxiliary National Headquarters ATTN: Membership Division - PUFL 8945 North Meridian Indianapolis, IN 46260

SECTION 3 - To be completed by NATIONAL HEADQUARTERS

NATIONAL per capita: \$ DEPARTMENT per capita: \$ Balance for UNIT: \$

Date card sent / /

