**2025 UNIT DUES FORM**

*\*Please print neatly - forms not legible will be returned\**

I understand that the dues amount listed below will be printed on the 2025 Membership Renewal Notices that will be mailed to each Senior member of our Unit next September. Below is the address to be printed on each Renewal Notice showing where our members are to mail their dues for this Unit.

**It is understood that no change in the dollar amount of dues or the address to which the dues are to be sent can be made after a deadline which Department Headquarters will establish based on the requirements of National Headquarters. When determining your dues amount, please make sure that the amount charged is at least $30.00 for Senior members and $6.00 for Junior members amounts that are sent to the Department office.**

**DEPARTMENT OF MINNESOTA** **UNIT NUMBER**\_\_\_\_\_\_\_\_\_\_\_ **DISTRICT** \_\_\_\_\_\_\_\_\_

 **UNIT LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2025 SENIOR DUES OF THE UNIT ARE**

(Amount **each Senior** member pays to your **Unit**) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Dues sent to Department per Senior = $30.00**

**2025 JUNIOR DUES OF THE UNIT ARE**

(Amount **each Junior** member pays to your **Unit**) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Dues sent to Department per Junior = $6.00**

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Name of individual in the Unit to receive membership dues

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address **(Please be certain it is the current/correct address)**  **Check Box if this is the**

 **Legion Post address.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Telephone Number E-mail address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Membership Chairman

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature Title

**EVERY UNIT MUST COMPLETE & RETURN THIS FORM**

**Return no later than March 15, 2024 to:**

**American Legion Auxiliary**

**State Veterans Service Building**

**20 W 12th St Room 314**

**St Paul MN 55155**

**Forms are also on our website and completed forms may be emailed to deptoffice@mnala.org**