

The following forms are attached for your use:

- **2020-2021 Donation Form (Green)**
- **Gambling Fund Donations Form**
- **2020-2021 Memorial Donation Form**
- **American Legion Family Fall Conference Hotel Information**
- **Fall Conference Registration Forms**
- **2021 Poppy Order Form (Pink)**
- **2020-2021 Unit Request for Department President's Visit**
- **2020-2021 Unit Historian Mid-Year Report**
- **2022 Unit Dues Form**
- **2020-2021 Mask Reimbursement Program**
- **Member Data Form**
 - **Please use this form – the previous one has the wrong address on it!**

**These forms were missed in the 2021 Membership Packet
Please give them to your Membership Chairman**

2021 Membership Awards

2021 10 x 10 Award

2021 R/R5 – Recruit & Rejoin 5

Member Data Form

Please use this form – the previous one has the wrong address on it!



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

2020 - 2021 DONATION FORM

UNIT # _____ DISTRICT # _____

UNIT LOCATION _____

SIGNED _____

AUXILIARY PROGRAMS		AFFILIATED PROGRAMS	
**Veterans Rehabilitation	\$	ALA Foundation	\$
**\$5.00 Bill Shower	\$	Auxiliary Emergency Fund	\$
**ALA Hospital Program	\$	**Armed Forces Center	\$
**Gift Shop	\$	The Legion Family Hosp Assn	\$
Girls State Support	\$	Child Welfare Foundation	\$
**MN Creative Arts Festival	\$	Brain Science Foundation	\$
**Dept. Jr President Project	\$	Legionville	\$
**Dept. President Project	\$	Fisher Houses	\$
**Past Pres. Parley Scholarship	\$	**Legacy Scholarship Fund	\$
**Department Scholarship	\$	**TFA (Temp Financial Assistance)	\$

**Poppy Funds Can Be Used

The above listed sources are the approved 2020-2021 solicitations. ***Please DO NOT cross off and submit others.*** When making your Unit's donations, please consider the Auxiliary programs (**BOLD**) first. If you choose to donate to other programs (any that are not listed), do so by directly mailing to them.

MAKE ALL CHECKS PAYABLE TO THE AMERICAN LEGION AUXILIARY

AMOUNT \$ _____

DATE _____

CHECK # _____

1. Make check payable to the American Legion Auxiliary.
2. Mail all checks to the Department Office (see above for address).
3. Use separate checks for Poppy orders, supply orders, or when paying a bill (invoice).
4. Membership dues must accompany each membership transmittal, and checks should **NOT** include any donations, supply orders, etc.



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

GAMBLING FUND DONATIONS

DATE _____ CHECK # _____ AMOUNT \$ _____

The following programs of the American Legion Auxiliary, Department of Minnesota, qualify as "lawful purpose" programs and may receive gambling funds effective May 3, 1993. A copy of this completed form **must** accompany your Schedule C when making donations to these programs.

AMERICAN LEGION AUXILIARY HOSPITAL PROGRAM (A-21) \$ _____

AUXILIARY EMERGENCY FUND (A-21) \$ _____

CHILDREN AND YOUTH FUND (A-21) \$ _____

DEPARTMENT PRESIDENT' S PROJECT (A-21) \$ _____

DEPARTMENT SCHOLARSHIP FUND (A-21) \$ _____

DOLLAR BILL SHOWER (A-21) \$ _____

GIFT SHOP (A-21) \$ _____

MINNESOTA GIRLS STATE (A-21) \$ _____

VETERANS AFFAIRS AND REHABILITATION (A-21) \$ _____

Donations from Post Gambling Funds, make check payable to: American Legion Foundation number noted in parentheses

Donations from Auxiliary Gambling Funds, make check payable to: American Legion Auxiliary, Dept of MN

UNIT/POST # _____ LOCATION _____

DISTRICT _____ SIGNED _____



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

2020-2021 MEMORIAL DONATION FORM

UNIT # _____

DISTRICT # _____

DONOR NAME _____

DONOR ADDRESS _____

including city and zip code _____

<u>AUXILIARY PROGRAMS</u>		<u>AFFILIATED PROGRAMS</u>	
Veterans Rehabilitation	\$	ALA Foundation	\$
\$5.00 Shower	\$	Auxiliary Emergency Fund	\$
ALA Hospital Program Fund	\$	Armed Forces Center @ MSP	\$
Gift Shop	\$	The AI Family Hospital Association	\$
ALA Minnesota Girls State Support	\$	Child Welfare Foundation	\$
MN Creative Arts Festival	\$	Brain Science Foundation	\$
Dept. President's Project	\$	Legionville	\$
Dept. Jr. President's Project	\$	Fisher House	\$
Past Presidents Parley Scholarship	\$	American Legion Legacy Scholarship	\$
Department Scholarship Fund	\$	TFA (Temporary Financial Assistance)	\$

AMOUNT \$ _____

DATE _____

CHECK # _____

The attached donation is in Memory of _____

Please send notification to _____
 (include full address) _____

MAKE ALL CHECKS PAYABLE TO:
 MAIL TO:

ALA DEPARTMENT OF MINNESOTA
 STATE VETERANS SERVICE BLDG - 20 W. 12TH ST #314
 ST PAUL, MN 55155



9252 Breezy Point Drive
Breezy Point, MN 56472

GROUP #253750

AMERICAN LEGION FALL CONFERENCE (NISSWA)

OCTOBER 21 - 24, 2020

Attendees are responsible for making their own lodging reservations. Please Mail/Fax this form by Sept. 15, 2020. Reservations made after this date are on availability basis for the conference rates.

<u>ROOM TYPE(s):</u>	<u>NIGHTLY RATE</u>
Breezy Inn King Executive Suite – 1king bed w/ pullout sofa (1 – 4 ppl.)	\$149.00 + tax
Breezy Inn Double Queen – 2 queen beds (1- 4 ppl.)	\$110.00 + tax
Breezy Inn King Leisure – 1 king bed w/ pullout sofa (1- 4 ppl.)	\$110.00 + tax
Breezy Center Standard – 2 double beds (1 – 4 ppl.)	\$110.00 + tax
Breezy Center Suite – 2 double beds w/ pullout sofa (1- 6 ppl.)	\$149.00 + tax
Lodge Apartment Studio – 2 double beds w/ pullout sofa (1- 6 ppl.)	\$149.00 + tax
3-Bedroom Cabin (* E-MAIL for availability)	
2-Bedroom Condo (* E-MAIL for availability)	

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME/BUSINESS PHONE: _____ DISTRICT _____ POST# _____ POST/UNIT/SQUAD _____

E-MAIL ADDRESS: _____

ACCOMMODATIONS: 1ST CHOICE _____ 2ND CHOICE _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____
(Check in time is 5:00 PM) (Check out time is 12:00 Noon)

OCCUPANCY: _____ # OF PERSONS STAYING IN THE ROOM

SPECIAL REQUESTS: (i.e. room accessibility, dietary, etc...)

_____ Check (Please make check payable to Breezy Point Resort)
_____ Credit Card # _____ Exp: _____

Cardholder's Signature: _____
(Credit cards debited upon receipt for advance payment)

TOTAL PRE-PAYMENT: 1- NIGHTS LODGING (INCLUDING TAX) \$ _____

- 30-DAY CANCEL REQUIRED - \$25.00 Service Charge for Cancellations is Non-Refundable.
- No Refunds Given for Cancellations Received after SEPTEMBER 21, 2020 or for No-Shows.
- Unexpected Late Arrivals or Early Departures Will be Billed at FULL rate, as if They Were Staying at Breezy Point Resort.

ACCEPTANCE SIGNATURE: _____

Questions? Jennifer's E-mail: jledoux@breezypointresort.com FAX # (218) 562-4930

- Instructions for making on-line reservations:
- 1.) www.breezypointresort.com
 - 2.) Breezy Inn Online Reservations
 - 3.) Group Reservations
 - 4.) Enter attendee or group coordinator password, which is BLK253750

2020 Fall Conference Official Registration

Mail to:

Roberta Nyquist
Nisswa American Legion
P.O. Box 427
Nisswa, MN 56468

Registration sliding fee:

Registration received by Oct. 1: \$15
Registration received after Oct. 1: \$20

Registration fees are for each person attending, except for Junior SAL and Junior Auxiliary members. Please copy and send a separate form for each person attending. All delegates, alternates and guests must pay the registration fee.

Please indicate "Fall Conference" on the memo line.
Please make checks payable to:

Nisswa Post 627

Conference dates:
Oct. 22-24, 2020

Headquarters hotel:
Breezy Point Resort
9252 Breezy Point Drive
Breezy Point, MN 56472

Contact the hotel directly for your reservations:
www.breezypointresort.com • 800-432-3777

District **Post** **Unit** **Squadron**

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

2020 Fall Conference Official Registration

Mail to:

Roberta Nyquist
Nisswa American Legion
P.O. Box 427
Nisswa, MN 56468

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9252 Breezy Point Drive
Breezy Point, MN 56472

Contact the hotel directly for your reservations:
www.breezypointresort.com • 800-432-3777

District **Post** **Unit** **Squadron**

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

2021 POPPY ORDER FORM

DATE OF ORDER: _____

SHIP DATE: _____

Small Poppies

_____ @ \$20.00 per 100 = _____

**** (Please order in lots of 100 only)**

Large Poppies

_____ dozen @ \$18.00 per dozen = _____

SUB TOTAL OF ORDER: _____

SHIPPING:

Orders up to \$\$50.00.....\$5.00
Orders \$51.00 to \$200.00.....\$10.00
Orders \$201.00 to \$500.00.....\$15.00
Orders \$501.00 to \$800.00..... \$20.00
Orders over \$800.00\$25.00

SHIPPING: _____

TOTAL AMOUNT OF ORDER: _____

Please enclose full payment with your order. **Checks made payable to: American Legion Auxiliary**

Complete Name

Phone Number

Street Address

Unit Location (City)

City

Zip Code

Unit #

District #

August 2020

American Legion Auxiliary Department of Minnesota

State Veterans Service Bldg. - 20 W. 12th St. Suite #314 - St. Paul, MN 55155 | P: (651) 224-7634 | F: ((651) 224-5243 | (888) 217-9598

deptoffice@mnala.org | Website: www.mnala.org

2020 – 2021 Unit Request for Department President's Visit

Please complete all information and return to:

American Legion Auxiliary – Department of Minnesota
State Veterans Service Building
20 West 12th Street, #314
St. Paul, Minnesota 55155
Email: deptoffice@mnala.org or sandie@mnala.org
Fax: (651) 224-5243
Website: www.mnala.org

Unit Name and Number

Unit Secretary

First Choice

Name of Event: _____

Date of Event: _____ Times of Event: Social _____ Dinner _____

Event Location _____

Complete Address of Event _____

Contact Name & Telephone Number _____

Circle all that will attend: Auxiliary Legion SAL Juniors Public

Estimated in attendance _____ Is a guest allowed? _____

Should President: Speak to the group? Bring short greetings?

Second Choice

Name of Event: _____

Date of Event: _____ Times of Event: Social _____ Dinner _____

Event Location _____

Complete Address of Event _____

Contact Name & Telephone Number _____

Circle all that will attend: Auxiliary Legion SAL Juniors Public

Estimated in attendance _____ Is a guest allowed? _____

Should President: Speak to the group? Bring short greetings?

President Mary would love to visit your unit meeting or event. The only time President Mary will be unable to visit is the week of Christmas.

2020-2021 Unit Historian Mid-Year Report

Mid-Year report need to be submitted by December 1, 2020

Mail to.

Karla Otterness
Department of Minnesota Historian
239 Westgate Drive
Winsted, Minnesota 55395

Unit# _____ Unit Historian's Name _____

Please list and explain at least three (3) significant events, happenings or newsworthy activities that have taken place in your unit since April 1, 2020.

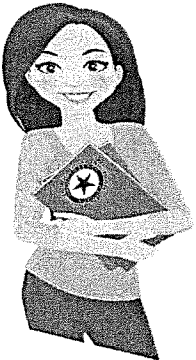
- 1) _____

- 2) _____

- 3) _____

Thank you for providing a mid-year report!
Please continue recording the activities within
your unit so that our history is maintained for
future generations.

"THE WORK OF
TODAY IS THE
HISTORY OF
TOMARROW AND
WE ARE ITS
MAKERS"
JULIETTE GORDON
LOW



2022 UNIT DUES FORM

Forms not legible will be returned

I understand that the dues amount listed below will be printed on the 2022 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 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.

DEPARTMENT OF MINNESOTA UNIT NUMBER _____ DISTRICT _____

UNIT LOCATION _____

2022 SENIOR DUES OF THE UNIT ARE \$ _____
(Amount each Senior member pays to your Unit) **Dues sent to Department per Senior = \$24.00**

2022 JUNIOR DUES OF THE UNIT ARE \$ _____
(Amount each Junior member pays to your Unit) **Dues sent to Department per Junior = \$6.00**

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 COMPLETED FORM

Return no later than **January 31, 2021** 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.



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

2020-2021 MASK REIMBURSEMENT PROGRAM

The American Legion Auxiliary Department of Minnesota will continue to do their part to support our VA Healthcare Centers and Minnesota Veterans Homes with PPE items, especially masks.

Many of our Auxiliary members worked diligently since March sewing masks and other PPE needs for the 4 VA Healthcare Centers and 5 Minnesota Veterans Homes that we support, despite their own financial struggles. This reimbursement program began in April, 2020 with a completion date of August 31, 2020. Since masks are still a much needed item, the Department Executive Committee has voted to continue this program for the upcoming year until the funds allocated have been used.

The reimbursement is a **one-time only reimbursement of up to \$50.00 with receipts and the form below attached** and sent to the Department office. This offer expires August 31, 2021.

- ✓ Receipts must be sent to the Department office with the form attached.
- ✓ Reimbursement is for one-time only per member (must be a member of the American Legion Auxiliary Department of Minnesota)
- ✓ Receipts must be for materials for masks that are donated to one of the 9 facilities noted above.
- ✓ When the allotted cap has been met the program will be discontinued.

To apply, please complete the form below and return it to the Department office.

MASK REIMBURSEMENT FORM

Name _____

Address _____ City _____ Zip Code _____

Phone Number _____ Amount Requested \$ _____

Unit Number & Location _____ District _____

Signature _____ Date _____

American Legion Auxiliary Department of Minnesota

State Veterans Service Bldg. - 20 W. 12th St. Suite #314 – St. Paul, MN 55155 | P: (651) 224-7634 | F: ((651) 224-5243 | (888) 217-9598
deptoffice@mnala.org | Website: www.mnala.org



This form is available online
www.mnala.org

American Legion Auxiliary – Department of Minnesota
20 W 12th St #314 – St Paul, MN 55155
Ph: 651-224-7634 ♦ Fax: 651-224-5243 ♦ Email: deptoffice@mnala.org

MEMBER DATA FORM

****Does this person hold a Unit / District officer or chairman position?***

Unit - What position? _____

NO

District - What position? _____

Member ID # _____
Required for all changes

Date _____ Unit # _____

Name _____

Sr

Jr

DECEASED

DROP/CANCEL

REJOIN

HLM (Honorary Life Member)

OLD INFORMATION

NEW INFORMATION

Name _____

Name _____

Former Address _____

New Address _____

Former City _____

New City _____

Former State, Zip _____

New State, Zip _____

Former phone # _____

New phone # _____

Email Address _____

Email Address _____

Continuous Years Correction _____

Join Date Correction _____

UNIT TRANSFERS

Previous Unit # _____ Dept. (State) _____

New Unit # _____ Dept. (State) _____

Signature – Member (*Required*) _____

Signature – New Unit Membership Chairman (*Required*) _____

Signature (*person submitting this form please sign*) _____