



MEMBERSHIP RENEWAL



Check One: Legionnaire Sons of Legion Auxiliary

Date Paid: _____ Amount: _____ Post# _____

Membership Number: _____

Last Name: _____ First Name: _____ Initial: _____

D.O.B.: _____ Phone# _____

Address: _____

E-mail: _____ Cash or Check# _____

Receipt of Dues
Member's Name _____

\$ _____ Date Paid _____

For Year 20 _____

Post# _____

Officer / Representative's Name _____

Officer / Representative Signature _____



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