

# 20 11 UNIT DATA FORM - DIRECT BILLING

(Type or Print Using Blue or Black Ink)

*\* Non-legible forms wil be returned.*

I understand that the dues amount listed below will be printed on the upcoming Membership Renewal Notices that will be mailed to Each Senior member of our Unit. 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 address to which the dues are to be sent can be made after the deadline your Department Headquarters will establish based on the requirements of National Headquarters.**

DEPARTMENT OF PENNSYLVANIA	UNIT NUMBER	_____
20 11	SENIOR DUES OF THE UNIT ARE \$	_____
20 11	JUNIOR DUES OF THE UNIT ARE \$	_____

\_\_\_\_\_  
Name of individual in the Unit to receive membership dues.

\_\_\_\_\_  
Address (Street or RR & Box)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Date Signature Title

## RETURN COMPLETED FORM TO YOUR DEPARTMENT SECRETARY

American Legion Auxiliary  
Dept of Pennsylvania  
P.O. Box 1285  
Camp Hill, PA 17001-1285

**Deadline: FEBRUARY 15, 2010**