



## 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# \_\_\_\_\_

<b>Receipt of Dues</b>
Member's Name
_____
\$ _____ Date Paid _____
For Year 20 _____
Post# _____
Officer / Representative's Name
_____
Officer / Representative Signature
_____



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