

2027 UNIT DATA FORM – DIRECT BILLING
(Type or Print Using Blue or Black Ink)

PLEASE SUBMIT EVEN IF THERE ARE NO CHANGES. All information must be complete.

I understand that the dues amount listed below will be printed on the upcoming Membership Renewal Notices that will be mailed, by National Headquarters, 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 can be made after May 1, 2026 and no changes to the address to which the dues are to be sent can be made after July 1, 2026. If changes are to be made the Unit will be charged \$40 of each change.

DEPARTMENT OF NEW HAMPSHIRE **UNIT NUMBER** _____

2027 SENIOR DUES OF THE UNIT ARE \$ _____

2027 JUNIOR DUES OF THE UNIT ARE \$ _____

Name of individual in the Unit to receive membership dues
(Current year dues of this member must be paid)

Membership ID #

Address

City

State

Zip Code

Telephone Number

E-mail Address

Date

Signature

Title

In order to ensure that your 2026 renewal notices are correct, it is imperative that this data form be returned **NO LATER** than **MAY 1, 2026** to:

Department Secretary
American Legion Auxiliary
21 S. Fruit Street – Suite 266
Concord, NH 03301