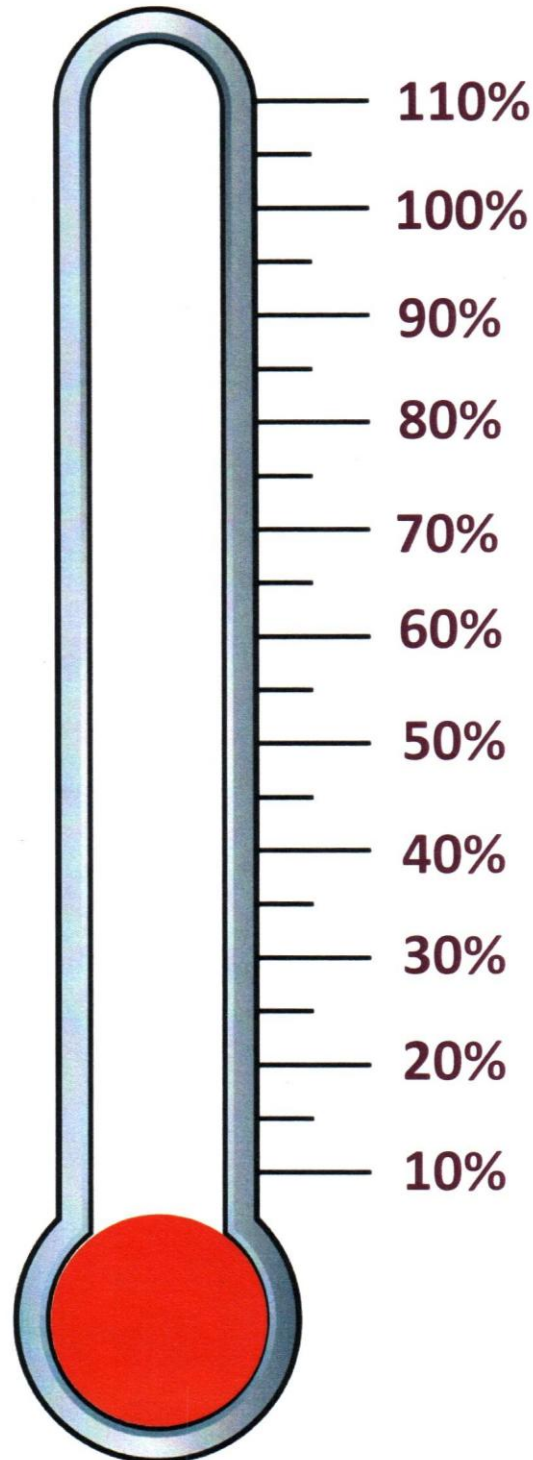


# Reaching For The Goal!

2021-2022



Department  
of Arizona



American Legion Auxiliary  
Department of Arizona  
2022 Membership Year

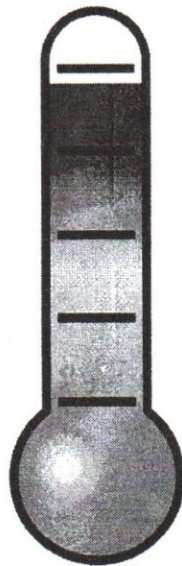
## Reaching for the Goal

Membership is the life blood of our organization. Reaching for the Goal is everyone's job!

We can be red hot Reaching the Goal by asking current members to renew. Also, contact those who have not renewed their dues the last few years.

The National Membership Theme this year is *"Together We Serve"*. #TogetherWeServe

## Together as a Family we will be Reaching for the Goal!



Barbara White  
2022 Membership Chair

# **American Legion Auxiliary 2021-2022 Membership Year Important Dates**

July 2021	Email notice sent from National Headquarters that 2022 dues are available for renewal.
September 15	1 <sup>st</sup> Renewal Notice Mailed
October 11	100% Membership Deadline
November	2022 Email Renewal Notice Sent
November 7	75% Membership Deadline
November 11	Veterans Day
December 7	Pearl Harbor Day
January 2022	Email Renewal Notice Sent
February 1, 2022	2 <sup>nd</sup> renewal notice mailed to members who have not paid.
March 15	The American Legion Birthday
April 27	95% Membership Deadline
May 27	National Poppy Day
May 30	<ul style="list-style-type: none"><li>• 100% Membership Deadline</li><li>• Memorial Day</li></ul>

**Reaching for the Goal**





## **2022 MEMBERSHIP AWARDS**

### **Member Award: 10 New in 2022**

- **Award:** Special gift selected by the national Membership Committee chairman.
- **Presented to:** Members who recruit 10 NEW Junior and/or senior members for the 2022 membership year.
- **Deadline:** Members must be entered and paid in ALAMIS member database by June 1, 2022.
  - FORMS must be received at National HQ by June 3, 2022.
- **Materials and guidelines:**
  - Form can be printed from the ALA national Membership Committee page of the national website ([www.ALAforVeterans.org](http://www.ALAforVeterans.org)). You must be logged in to the MyAuxiliary area to access the page.
  - One entry per recruiter.

### **Unit Award: 100% Unit Award**

- **Award:** 100% membership award citation.
- **Presented to:** Units that reach 100% of their 2022 membership goal by November 11, 2021.
- **Deadline:** November 11, 2021.
- **Materials and guidelines:**
  - This award will be based on units that reach 100% of their reported goals by November 11, 2021, as verified by ALAMIS.

**Note:** Departments must submit unit goals to National Headquarters by September 1, 2021, to be eligible for the 100% Unit Award and all department awards. These must be sent in a specific format which will be provided by NHQ.

### **Unit Award: New Unit Award**

- **Award:** \$25 gift certificate to American Legion Flag & Emblem Sales.
- **Presented to:** New units chartered between September 1, 2021, and July 31, 2022.
- **Deadline:** July 31, 2022.
- **Materials and guidelines:**
  - This award is automatically presented upon receipt and processing of new unit charter applications at National Headquarters.

**Department Membership Goals:** Department Membership Goals will be based on each department's 2021 membership as of July 31, 2021 (30 days prior to National Convention), plus one additional member for every unit in the department. Units submitted for cancellation for the 2021 summer NEC meeting will not be included in the calculation.

### **Department Award: 75% Award**

- **Award:** \$250 to be used to advance the ALA's mission.
- **Presented to:** Departments reaching 75% of their 2022 department membership goal.
- **Deadline:** Pearl Harbor Day, December 7, 2021.
- **Materials and guidelines:**
  - Award will be based on membership entered in the ALAMIS member database by December 7, 2021.



**Department Award: 95% Award**

- **Award:** \$250 to be used to advance the ALA's mission.
- **Presented to:** Departments reaching 95% of their 2022 department membership goal.
- **Deadline:** National Poppy Day®, May 27, 2022.
- **Materials and guidelines:**
  - Award will be based on membership entered in the ALAMIS member database by May 27, 2022.

**Department Award: 100% Award**

- **Award:** \$500 to be used to advance the ALA's mission.
- **Presented to:** Any department that has reached 100% of their department goal.
- **Deadline:** 30 days prior to the 2022 National Convention, July 30, 2022.
- **Materials and guidelines:**
  - Award will be based on membership entered in the ALAMIS member database by Aug. 1, 2021.

**Seating at National Convention:** Seating at National Convention will be based on departments' percentage of their 2022 membership goal, from highest percentage to lowest.

**Department Award: Together We Serve Award**

- **Award:** Citation plaque.
- **Presented to:** Department Membership Committee chairmen who demonstrates how their department worked as a Legion Family to enhance membership.
- **Deadline:** June 1, 2022 — due to your national Membership Committee division chairman. The national Membership Committee will select one outstanding membership chairman per division.
- **Materials and guidelines:**
  - Form can be printed from the ALA national Membership Committee page of the national website ([www.ALAforVeterans.org](http://www.ALAforVeterans.org)). You must be logged in to the MyAuxiliary area to access the page.

## **DEPARTMENT MEMBERSHIP AWARDS**

**Awarded to the Unit for the greatest percentage of gain over previous year in each classification:**

**Department of Arizona Cup to Unit with membership goal of 60 and under**

**Tony F. Soza Unit 41 Plaque to Unit with membership goal of 61 to 125**

**Mark A. Moore Cut to Unit with membership goal of 126 to 274**

**Ofelia Soza Plaque to Unit with membership goal of 275 and over**

**Awarded to the Unit with the highest percentage of their Post's membership:**

**Tillie Fine Membership Cup to any size Unit**

Department awards presented by the Department Membership Chairman.

The above awards are to be permanent possession of the Unit whose name appears on it for three (3) years, not necessarily consecutively. The plaque will be replaced by the Unit but the above names, classifications and rules will remain the same.

## **ALWINE ST. GERMAIN MEMORIAL NEW MEMBER AWARD**

This award is open to all Units within the Department of Arizona.

This award will be awarded to the Unit who signs up the most new members in one year.

### **RULES:**

1. All Department mandates for the current year must be paid.
2. The judging of this award shall be made prior to the Department Convention by a committee of three (3), appointed by the department Membership Committee Chairman.
3. This award shall become the permanent property of that Unit which wins it for three (3) consecutive years. It is understood that the permanent winner of this plaque will replace it with another one in the Department of Arizona for competition following the same rules. The name of this plaque shall always remain the same each year.
4. Basis of Award:
  - A. How many Unit members signed up new members?
  - B. Did any Unit member sign up 10 new members?
  - C. Did a Junior Auxiliary member sign up any new members?
5. A narrative report shall be submitted detailing the way new members were recruited. The report shall be typewritten and is not to exceed 1,000 words.

## MARTHA BARRON DISTRICT MEMBERSHIP AWARDS

### Classifications:

1. Districts with membership goal of 501 and over
2. Districts with membership goal of 550 and under

One trophy to be presented to the first District to reach goal in each membership classification.

One trophy to be presented to the District with the highest percentage of goal thirty (30) days prior to Department Convention in each membership classification.

Awards to be presented at the Annual Department Convention with membership verification by Department Secretary. The purpose of the awards is to promote continued District interest and activity in the Membership Program.

Award to be presented to Outgoing District President, or representative, and to be placed in the Unit Home of the Outgoing District President AND in other Unit Homes in the District where it will best promote the Auxiliary Membership Program. It shall be the responsibility of the winning District to have the trophy engraved and to return the trophy for presentation at the next Department Convention.

This is a permanent traveling trophy and, as such, will NOT become the permanent property of the recipient winning it three or more times (unless there are extenuating circumstances and approval of the donor has been granted).



## **MONICA JARVIS DISTRICT MEMBERSHIP AWARDS**

### **PLAQUE I:**

1. This plaque shall be known as the Monica Jarvis Membership Plaque.
2. Eligibility shall be the District in the Department of Arizona only with membership of 1,000 or more.
3. This plaque shall be awarded at Department Convention to the first District to have reached membership goal.
4. District winning above plaque shall have engraved on it the District number and year.
5. This plaque shall not become the permanent property of any District.

### **PLAQUE II:**

1. This plaque shall be known as the Monica Jarvis Membership Plaque.
2. Eligibility shall be the District in the Department of Arizona only with membership of 1,000 or more.
3. This plaque shall be awarded to the District with the highest percent of membership goal registered with the Secretary-Treasurer of the Department of Arizona Auxiliary thirty (30) days prior to the Department Convention.
4. District winning above plaque shall have engraved on it the District number and year.
5. This plaque shall not become the permanent property of any District.

**RONNIE STIRLING  
JUNIOR RECRUITER OF THE YEAR AWARD**

This award will be presented to the Junior member and her Unit from the Department of Arizona in good standing who signs up the most NEW JUNIOR MEMBERS for the current year. The National Junior Recruiter of the Year certification form and narrative are due to the Department Headquarters and the Department Membership Chairman no later than the due date set annually at the Officers and Chairmen Meeting at the beginning of the program year.

The Department Membership Chairman will present this award at the Department of Arizona Senior Convention.

This plaque may become the permanent property of the Unit of the winning Junior member, if said Unit wins this award three (3) consecutive years if the Unit desires. The permanent winning Unit will place another plaque in the field for competition with the rules and name to remain the same.

A typed narrative, written by the Junior Recruiter with the help of a Senior member if required, must not exceed 1,000 words. This narrative should include how the Junior member promoted membership and recruited the new member (s). Each Unit in the Department of Arizona may only send one entry.

The certification form must be completely filled out, printed legibly or typed, and include ALL Certification signatures.

(Placed in the field with the approval of the Department Executive Committee. Fall Conference, Nov 2, 2002 by Ronni Stirling, Junior member of Unit 44) Due date revised June 2018.

**MELISSA SHAW MEMORIAL PLAQUE  
GREATEST NUMBER OF NEW JUNIORS**

This plaque will be a traveling plaque to be passed on each year. It shall become the permanent property of the Unit winning it three (3) consecutive years if they desire. The permanent winner will place another plaque in the Department for competition, rules and name of the plaque to remain the same.

1. This plaque will be awarded to the Unit with the GREATEST number of NEW JUNIORS registered with the Department Secretary-Treasurer and Membership Processor of the Department of Arizona Auxiliary 30 days prior to the Department Convention.
2. The plaque is to be awarded at the Department Convention by the Department Membership Chairman.

(Placed in the field with the approval of the Department Executive Committee. Fall Conference, Nov 2, 2002 by Norma Shaw, member of Unit 36)

### **Salute To Female Veterans Plaque**

This plaque will be awarded to the Unit who signs up the most Female Veterans in one year. The plaque will become the permanent property of the Unit winning it for three consecutive years, if they so choose. The permanent winner will place another plaque in the Department for competition, with rules and name of the plaque remaining the same.

1. This plaque will be awarded to the Unit with the greatest number of new Auxiliary members who register as Female Veterans with the Department of Arizona Auxiliary, 30 days prior to Department Convention.
2. This plaque will be awarded at the Department Convention by the Department Membership Chairman.

Award placed in field by Yolanda Bonilla, Unit 35, 2016-2017.





# ALA Member Benefits

## — *There's more in it for YOU!*

You bring untold value to our nation's heroes through your service to the American Legion Auxiliary. To show our appreciation, we bring valuable benefits to you! Your ALA membership brings you access to an array of discounts, products, and services.

To learn more go to **www.ALAforVeterans.org**, Members Only > Member Benefits, and log in, or contact ALA National Headquarters at [alahq@ALAforVeterans.org](mailto:alahq@ALAforVeterans.org) or (317) 569-4500 for more information.

### INSURANCE

The Hartford Rewards Accident Insurance Plan

- ★ Guarantee issue plan that pays the holder when they have an accident. Three different plans to fit your budget.

The Hartford Rewards Preferred Advantage Insurance Plan

- ★ Guarantee issue plan that pays the benefit amount per category of covered accident that results in loss of life. Four different plans to fit your budget.

LTCR — Long Term Care Insurance

- ★ Protect yourself from paying large nursing home bills. LTCR offers members special discounts, multiple carriers, wider underwriting, and service for life.

### HEALTHCARE

Hear in America — Family Hearing Benefits

- ★ Exclusive savings on a wide range of digital hearing aids and services. Free annual hearing screenings, no enrollment fees, lifetime office service, and financing available.

Careington Discount Dental Plan

- ★ Save 20-50% on most dental procedures. Visit any participating dentist and change providers anytime. No processing fee/low monthly cost for your entire household.

ScriptSave Prescriptions Savings Program

- ★ Prescription savings for your entire household on brand name and generic drugs at thousands of participating pharmacies worldwide.

### HOME & MOVING SERVICES

SIRVA Home Benefits

- ★ Savings on real estate and mortgage services. You may be eligible to receive cash back when buying or selling a home.

NorthAmerican Van Lines

- ★ Receive discounts on interstate moving, packing and unpacking, auto transport, and storage services.

### TRAVEL

Wyndham Hotel Group

- ★ Save up to 20% on your next booking with any of the Wyndham's 20 trusted hotel brands. Over 9,000 participating locations worldwide.

### AUTOMOBILE

Bonus Drive Car Rebate Program

- ★ Exclusive cash rebate, up to \$500, when you lease or purchase a vehicle from participating automotive companies.

### ENTERTAINMENT

Abenity Discount Program

- ★ Save at amusement parks, hotels, movie tickets, restaurants, concert tickets, and retail stores. It's FREE to sign up and use their mobile app!

### BANKING

USAA

- ★ Valuable financial resources and benefits through a comprehensive suite of financial products, tools, and advice.



## THE PROGRAM

- Visit a Veteran over the phone, tablet, or computer
- A "friendly visit" with NO medical or home-care duties
- Matches trained volunteers with Veterans for 1:1 socialization
- Generally 1-2 times per week for 15-60 minutes
- Schedule is based on need and availability

## THE VISIT

**Veteran** has a friendly visitor to share his or her stories.

**Volunteer** has one-on-one interaction with one of our nation's heroes.

**Caregiver** may be provided respite on a regular basis.

## CONTACT

### YOUR LOCATION HERE

Address: \_\_\_\_\_

### Compassionate Contact Corps

Program Coordinator: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Website: [www.volunteer.va.gov](http://www.volunteer.va.gov)

## ADDITIONAL RESOURCES

- Volunteer In-Home Visitor Program
- Caregiver Peer-Support Mentoring
- Geriatrics & Extended Care
- Transition & Care Management
- National Chaplain Center
- Elizabeth Dole Foundation Caregiver Respite Program

\*For more information, please contact your VA Primary Care Physician or Social Worker



# COMPASSIONATE CONTACT CORPS

Telephone-Friendly Visitor Program



"Our mission is to ensure Veterans receive the right care, in the right place, at the right time, and to make the home, whenever appropriate, into the preferred place of care."





Our Volunteers are people who are compassionate, kind, idealistic, and selfless.

Volunteers provide compassion, companionship, and support for both the Veteran and the Caregiver.

#### Who is able to volunteer?

- **Veterans** - You are able to use your unique background and experience to help other Veterans overcome their challenges.
- **Non-Veterans** - You will experience satisfaction in developing new friendships and learning from "living history."

Volunteers must be over age 18, attend orientation, successfully pass a background check, and be trained for specific duties.

#### Benefits to Volunteer:

- Opportunity to build a connection with one of our nation's heroes
- Develop empathy & active listening skills
- Flexibility - Program is virtual and can be done anywhere with hours based on your schedule

## THE VOLUNTEER

## THE VETERAN

**You are living history**, and we have volunteers that would like to hear your stories and have regular, friendly visits with you.

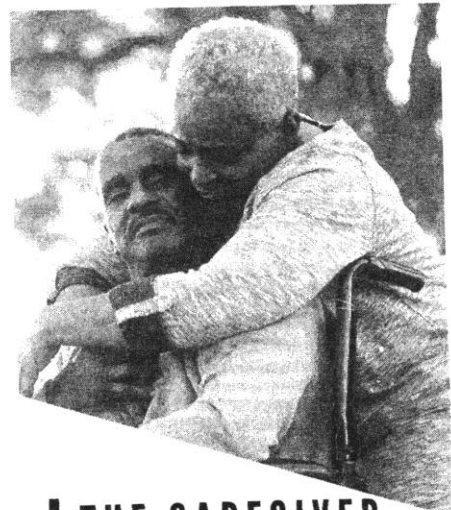
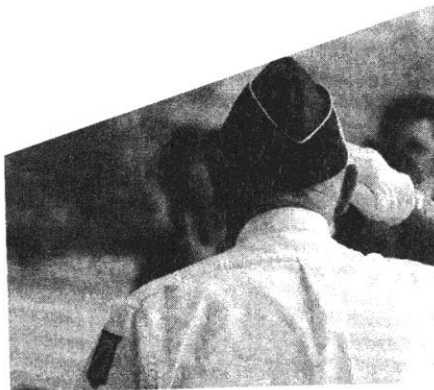
Even if you live with others and have a support system, you may enjoy the benefits of having a friendly volunteer call you.

Volunteer visitors **provide quality 1:1 social interaction**, engaging the Veteran in meaningful conversations.

Regular telephone visits are known to **enhance well-being and quality of life!**

#### Benefits to Veteran:

- Additional socialization
- Combat loneliness or boredom
- Opportunity to share your stories with a new audience



## THE CAREGIVER

**A Primary Caregiver may be** a spouse, parent, child, grandchild, or friend.

VA understands your commitment to your Veteran.

Primary Caregivers **often ignore or sacrifice their own needs** to focus on the needs of their Veteran loved one.

Nearly all caregivers experience **some sort of impact on their health.**

#### Benefits to Caregiver:

- Time to attend to their own needs
- Become healthier
- Become more at peace



**American  
Red Cross**

**Military and Veteran  
Caregiver Network**



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## CONNECTION ▪ ENGAGEMENT ▪ KNOWLEDGE ▪ SKILLS ▪ HOPE

---

The American Red Cross Military and Veteran Caregiver Network provides structured peer support to caregivers from all eras, all relationships and across all locations to increase connection, engagement, knowledge, skills and hope.

- **Connection** – Our safe and secure online community provides a space where caregivers can connect for peer support. To learn more, visit [mvcn.force.com/infopage](http://mvcn.force.com/infopage)
- **Engagement** – Peer support is provided through one-on-one peer mentoring, online or in-person peer support groups or within moderated groups in the online community.
- **Knowledge** – The Hero Care Resource Directory has over 800 resources for every zip code in America and our master Caregiver Calendar highlights events, workshops, webinars and activities online and in communities across the country.
- **Skills** – Caregivers can receive evidence-based training to become peer mentors, peer support group facilitators or online peer moderators. We will prepare you to provide support to other caregivers.
- **Hope** – Our peer support programs encourage caregivers to connect and share their experiences. From these connections, we aim to decrease caregiver isolation and promote a greater sense of hope and wellbeing.

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Website: [redcross.org/caregivers](http://redcross.org/caregivers)

Facebook: [facebook.com/MilVetCaregiver](https://facebook.com/MilVetCaregiver)

Twitter: [@MilVetCaregiver](https://twitter.com/MilVetCaregiver)

Email: [programs.mvcn@redcross.org](mailto:programs.mvcn@redcross.org)





## Veterans Who Are Caregivers

**We welcome you to join  
Military and Veteran  
Caregiver Network**



**American  
Red Cross**

Military and Veteran  
Caregiver Network

**The American Red Cross Military and Veteran Caregiver Network provides structured peer support to Veterans who are caregivers from all eras, all branches, all ranks, all relationships and across all locations to increase connection, engagement, knowledge, skills, and hope.**

- **Connection** – Our safe and secure online community provides a space where caregivers can connect for peer support. To learn more, visit [www.redcross.org/caregivers](http://www.redcross.org/caregivers)
- **Engagement** – Peer support is provided through one-on-one peer mentoring, online or in-person peer support groups or within moderated groups in the online community.
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**Website: [redcross.org/caregivers](http://redcross.org/caregivers)**

**Facebook: [facebook.com/MilVetCaregiver](https://facebook.com/MilVetCaregiver)**

**Twitter: [@MilVetCaregiver](https://twitter.com/MilVetCaregiver)**

**Email: [programs.mvcn@redcross.org](mailto:programs.mvcn@redcross.org)**

INSTRUCTIONS

2021-2022

TOOLS

&

FORMS



2022

## 10 New in 2022!

Members who recruit 10 new Junior or senior Auxiliary members for the 2022 membership year.

**One entry per recruiter.**

**Certified forms must be received at ALA National Headquarters by June 3, 2022.**

**Please send this form to your department headquarters office no later than one week prior to the deadlines.**

**New members must be paid in ALAMIS by June 1, 2022.**

### ENTRY/CERTIFICATION FORM

*Please type or print legibly and fill out the form completely. Incomplete forms may not be processed.*

Recruiter's Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Recruiter's Department: \_\_\_\_\_ Unit #: \_\_\_\_\_ Email: \_\_\_\_\_

Recruiter's Address: \_\_\_\_\_

**Names of New Members**

**Member ID#**

**Names of New Members**

**Member ID#**

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

***Certified by Department Secretary:***

**DATE:** \_\_\_\_\_

Department Secretary

Printed Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Dept Secretary Signature (required): \_\_\_\_\_

**\*I certify that all 10 members are new and joined into the 2022 year.**

**\*I've provided or verified member ID numbers and that the form is filled out legibly and completely.**

***DO NOT SEND INCOMPLETE FORMS or more than 1 form per recruiter.***

**Units: Send form to your department secretary.**

**Departments:**

Please either scan and email to:  
[membership@ALAforVeterans.org](mailto:membership@ALAforVeterans.org)  
(Subject line: Recruit 10)

Or

Fax: (317) 569-4502 (Attn: Membership)

**\*Must be received at NHQ by midnight June 3, 2022.**

Each recruiter will receive a special gift selected by the 2022 national Membership Committee chairman.  
**One award per recruiter.**



# 2022

## Together We Serve Award

### Cover Sheet

**Presented to: Department Membership Committee chairmen who demonstrate how their department worked as an American Legion Family to enhance membership.**  
(One department in each ALA division will receive a citation plaque.)

*Please type or print legibly*

Department: \_\_\_\_\_ Department Phone: \_\_\_\_\_  
Department Membership Chairman: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Things to consider when writing your narrative:**

\*Did your department do any revitalizations where the entire American Legion Family was invited to participate?

Who was invited? How many members were contacted? Was it successful?

\*Did your department do a membership drive in your state as a Legion Family visiting local members?

How many posts did you visit? Was your entire department leadership involved?

\*Did you work together as a Legion Family on Buddy Checks to reach out to our members?

Did you do a phone bank? Did you do door-to-door visits to check on members or host Facebook Live or Zoom events?

\*What other things did you do as a Legion Family to enhance membership in your department?

\*How did you feel working together as a Legion Family impacted your department, not just for the Auxiliary, but also for The American Legion, Sons of The American Legion, and American Legion Riders?

\*Please be sure to include any stories you would like to share about your Legion Family working together. This is your chance to brag about your American Legion Family.

\*Please include photos of your events along with your narrative.

**This form must be received by your national Membership Committee division chairman no later than June 1, 2022, along with your narrative explaining how your department worked together.**





## American Legion Auxiliary

### Who we are, What we do, Why we matter!

This past year, American Legion Auxiliary members' volunteer service of more than 40 million hours, plus \$37 million raised and spent on mission outreach, has a collective value of \$1.7 billion in service to veterans, military children and communities!

#### The Auxiliary's efforts are focused in three primary areas:

- ★ Veterans/Military Support & Advocacy
- ★ Family Support
- ★ Youth Development

---

#### American Legion Auxiliary

Dept/Unit Name: \_\_\_\_\_ Unit # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email/website: \_\_\_\_\_

Our unit is very proud of our service to Veterans and citizens  
right here in our community. For example, we've:

- ★ \_\_\_\_\_
- ★ \_\_\_\_\_
- ★ \_\_\_\_\_

We'd love to have you join us, and would welcome your participation in the wonderful things our Legion Family is doing – as much or as little as you wish. We value all of our members!

***May I give you a call in a few days to answer any questions or help you join?***

My Contact Information is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## American Legion Auxiliary

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American Legion Auxiliary

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Our unit is very proud of our service to Veterans and citizens  
right here in our community. For example, we've:

- ★ \_\_\_\_\_
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We'd love to have you join us, and would welcome your participation in the wonderful things our Legion Family is doing – as much or as little as you wish. We value all of our members!

***May I give you a call in a few days to answer any questions or help you join?***

My Contact Information is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



# 2022 MEMBERSHIP CARDS

## Memo to Departments

Greetings from ALA National Headquarters!

Enclosed are the 2022 Membership Cards for your Department's units.

- Annual 2022 cards are included for PUFL members. Units should distribute them as soon as possible.
- New members entered into ALAMIS after April 2nd will not have a card included in the unit packets of preprinted cards. (ALA National HQ prints approx. 6 weeks prior to distribution to departments.) **Units will need to create a card for these newer members (they will get preprinted cards for them in future years).**
  - \*NOTE: Changes to current member accounts made after this date also won't be reflected on cards & rosters.
- Your department office is responsible for mailing membership cards to your Dept HQ unit members as they pay. PUFL members in the Dept HQ unit should be mailed their cards as soon as possible.
- Depts are responsible for printing and providing cards for members of newly chartered units.
- Included are blank cards equating to approximately 18% of your departments total 2020 membership.
  - **It is the Department's responsibility to distribute blank cards to Units. Do not withhold cards from units for not meeting an obligation. The national organization provides cards for members, who are entitled to receive them promptly after paying dues.**
  - Should your department need to order additional blank cards from National Headquarters, over your allotted 18%, a fee of \$1.00 per blank sheet (8 cards) OR \$1.00 per printed card will apply.
  - Blank cards are provided so that cards can be prepared for new or transferred members whose 2022 dues are paid (or for making replacements)
    - See the attached instructions (on back side) for the proper way to complete blank cards.
- Members who renew online or by phone:
  - Members who renew via these methods will be emailed a receipt (members can print a PDF copy of their membership card when they log in to the "My Auxiliary" portal) AND ALA National HQ will mail them a signed, hard copy card as well. Cards will be signed by an authorized ALA National officer.
    - **Units are no longer responsible for distributing cards to members who have renewed via these two methods.** This will mean that a unit may have some preprinted cards left over from those in their unit who paid this way. It is up to the unit what they do with these cards.
  - Twice monthly, a roster of members who paid online or via phone will be sent to each department, along with their department and unit dues disbursement. Please notify units of their "pay online/by phone" members **in a timely manner once you receive it** so that the Unit can adjust their records accordingly.
    - Without this information, units could mistakenly believe these members haven't renewed yet since they won't have the need to contact their unit to get a signed card any longer. This could cause frustration and wasted time for the unit leaders in trying to contact those members about renewing when they already have.
  - Departments (and units with access) can pull a "Paid Dues Online" report from ALAMIS at any time so that unit membership records can be adjusted accordingly. *NOTE: The "Paid Dues Online" report also reflects members who pay their dues by phone via ALA National Headquarters. Please encourage your units with ALAMIS access to pull this report on at least a bi-monthly basis*

### IMPORTANT NOTICE

***Remember, the national organization provides cards for members, who are entitled to receive them. Failure to promptly provide a membership card after dues payment violates the member's rights.***



**American Legion Auxiliary**

**MEMBERSHIP**

1 →  DEPARTMENT

2 →  UNIT NUMBER

3 →  MEMBER NUMBER

4 →

THE ABOVE MEMBER HAS PAID DUES IN THE UNIT INDICATED

MEMBER SINCE:  5 →  7 →

6 →

8 →

9 →

NOT VALID WITHOUT MEMBER'S SIGNATURE      AUTHORIZED OFFICER

Please follow the information below when completing the Member's card. Items 1 – 7 are fillable text fields that can be completed using the PDF template available from National Headquarters.

- 1) Member's Department (state abbreviation, i.e. Indiana = IN)
- 2) Unit Number (4 digit format, i.e. 0004)
- 3) Member's ID number. (9-digit number that is assigned by National Headquarters)
- 4) Member's Full Name.
- 5) Join Year (the join year is the year in which a member paid, regardless of what membership year she joins into.  
(i.e.; if a member submits her application to a unit in July of 2020, but the unit doesn't submit it until Sept. for the 2021 membership year, she still is listed as joining in 2020. Or if a member joins in Oct 2020, but pays for 2021, she will show as joining in 2020.)
- 6) Location of Unit (City/State)
- 7) Member's Department (state abbreviation, i.e. Indiana = IN)
- 8) Signature of the member.
- 9) Signature of the Unit Officer.

- Present to Member upon payment of dues or as soon as possible after they join.
- Member/Department is to present this card to a new Unit if member is transferring so the same membership ID number can be retained.



**MEMBERSHIP PROCESSING 101**  
**WHAT WE NEED FROM YOU**  
**WHAT YOU NEED FROM US**

**Applications**

**Do not recreate the form, use only forms from National and Department**

**Send original not copy**

**Do not send DD214 or any other form of service**

**The application has 2 sections**

**Applicant Information & Eligibility information**

**Applicant Information**

**Must be legible - if you can't read it, we can't either**

**We like black or blue ink – red, pink, silver, purple etc clashes with our hair – hard to read**

**Application must be completely filled out**

**Birthdays are required, telephone numbers, email address**

**Eligibility information**

**Must have a veteran's name – not husband, son-in-law, leave it blank because they thought it was not important**

**Must be only 1 name**

**Must mark living or deceased**

**If living must belong to a Legion Post somewhere –**

**If deceased, this is not needed**

### **Veteran Served**

**Must pick an war era – multiple eras do not work**

**Applicant's Relationship to Veteran**

**Must pick one – only one**

**Cannot add a relationship – not there, not eligible**

### **Member Data Form**

**Do not recreate the form, use only forms from Department**

**The only time this form is required to be signed the member is when she is transferring.**

**Use this to change name, address, telephone, email,**

**IF you have any of the 3 part Member Data Forms – rip them apart and use for 3 members**

### **Transmittal Forms**

**New and improved forms will be send out from the office**

**Please use all of the old style first**

**Half sheet transmittal forms**

**Keep the pink copy, send white and yellow with transmittal**



# AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Unit # and Location (if known) \_\_\_\_\_  
 Date of Birth (Required) \_\_\_\_\_ Birth - 17 ☐ 18 and over ☐  
 Have you been a member previously? ☐ Yes ☐ No (If yes, fill in below, if known.)  
 Previous Unit City/State: \_\_\_\_\_ ALA ID# \_\_\_\_\_

Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_  
 Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.  
 Annual dues must accompany completed application. Ask local contact for amount due.  
**Membership pending approval of application.**

## AMERICAN LEGION AUXILIARY MISSION:

*In the spirit of Service  
 Not Self, the mission  
 of the American Legion  
 Auxiliary is to support  
 The American Legion and  
 honor the sacrifice  
 of those who serve by  
 enhancing the lives  
 of our veterans, military,  
 and their families,  
 both at home and abroad.  
 For God and country,  
 we advocate for veterans,  
 educate our citizens,  
 mentor youth,  
 and promote patriotism,  
 good citizenship, peace,  
 and security.*

Visit us online at  
[www.ALAforVeterans.org](http://www.ALAforVeterans.org)



## DUES RECEIPT (Please Print)

Date \_\_\_\_\_  
 Received From \_\_\_\_\_ \$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues  
 Recruit's Name \_\_\_\_\_  
 Recruit's Signature \_\_\_\_\_  
 Recruit's Phone # \_\_\_\_\_

## ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_  
 If Living: American Legion Member ID # \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
☐ Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)  
**Veteran Served:**  
☐ WWII (4/8/1917-11/11/1918)  
☐ Anytime After 12/7/1941 (check all that apply):  
☐ Global War on Terror ☐ Lebanon/Grenada ☐ WWII  
☐ Gulf War ☐ Vietnam ☐ Other Conflicts  
☐ Panama ☐ Korea  
**Applicant's Relationship to the Veteran:**  
☐ Male Spouse ☐ Female Spouse ☐ Mother  
☐ Grandmother ☐ Sister ☐ Self  
☐ Daughter ☐ Granddaughter  
**To Be Completed By The American Legion Post Adjutant/Officer**  
 I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged or is still serving honorably.  
 Post Adjutant/Officer Membership Verification \_\_\_\_\_ Date \_\_\_\_\_  
 ALA 10/2019



**There are many opportunities for involvement in the American Legion Auxiliary. Help us get you connected!**

**I am interested in learning more about:**

- ☐ Volunteering for Veterans, Military, and Their Families
- ☐ Youth Activities, including ALA Girls State, Junior Member Programs, and Scholarships
- ☐ Member Discounts and Services
- ☐ Other \_\_\_\_\_

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____
Recruit's Name _____	Unit/Post # _____	City _____ State _____





# American Legion Auxiliary MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name	(First)	(M.I.)	(Last)
Address			
City		State	ZIP
Home Phone		Cell Phone	Email Address
Date of Birth (Required)		<input type="checkbox"/> Birth - 17 <input type="checkbox"/> 18 and over	Unit # Location
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill in below.)			
Previous Unit City/State		ALA ID # (if known)	
Signature of Applicant (or legal guardian if under 18)		Date	

## ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name)

If Living: American Legion Member ID # Post # City State

☐ Deceased—If veteran is deceased, contact ALA unit about the necessary military records.  
For Veteran's DD214 Discharge Papers: [www.archives.gov/veterans/military-service-records](http://www.archives.gov/veterans/military-service-records)

**Veteran Served:**

☐ WWI (4/6/1917-11/11/1918)

☐ Anytime After 12/7/1941 (check all that apply):

<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts

**Applicant's Relationship to the Veteran:**

<input type="checkbox"/> Male Spouse	<input type="checkbox"/> Female Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Self
<input type="checkbox"/> Daughter	<input type="checkbox"/> Granddaughter				

**To Be Completed By The American Legion Post Adjutant/Officer**

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged or is still serving honorably.

Post Adjutant/Officer Membership Verification Date

## HELP US GET YOU CONNECTED!

I am interested in learning more about:

☐ Volunteering for Veterans, Military, and Their Families

☐ Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships

☐ Member Discounts and Services

☐ Other

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Recruiter's Name	Unit/Post #	City State

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance. Annual dues must accompany completed application. Ask local contact for amount due. *Membership pending approval of application.*



# ALA DEPT OF AZ MEMBERSHIP TRANSMITTAL

UNIT #	Transmittal #				Check #					
ID#	Last Name	First Name	MI	Ren New Rej	S/Jr	New Female Vet	2022	2021	2020	
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
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21										
22										
23										
24										
25										

CAN BE REPRODUCED---MAKE COPIES

Goal \_\_\_\_\_

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF ARIZONA**

% \_\_\_\_\_

**TRANSMITTAL FORM**

DUES TRANSMITTAL # 1 DATE 9-1-21 UNIT # 100

ENCLOSED FOR  
MEMBERSHIP YEAR 2022 # OF SR. 1 # OF JR. 1 AMOUNT  
ENCLOSED \$ \_\_\_\_\_

TOTAL MEMBERSHIP PAID ON THIS TRANSMITTAL 2 CREDIT USED \_\_\_\_\_

TOTAL PAID ONLINE/PUFL LISTED ON THIS TRANSMITTAL \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

TOTAL MEMBERSHIP PREVIOUSLY PAID \_\_\_\_\_

TOTAL MEMBER 2

X \_\_\_\_\_  
SIGNATURE

Y \_\_\_\_\_  
DAYTIME PHONE NUMBER

**DEPARTMENT USE ONLY**

Card Count \_\_\_\_\_ Sr. \_\_\_\_\_ Jr. \_\_\_\_\_

Over \_\_\_\_\_ CK# \_\_\_\_\_ \$ \_\_\_\_\_

Short \_\_\_\_\_ CK# \_\_\_\_\_ \$ \_\_\_\_\_

PAID ONLINE \_\_\_\_\_

NEW WOMEN VETERANS \_\_\_\_\_

WHITE DEPARTMENT COPY - YELLOW (WILL BE RETURNED TO UNIT) - PINK UNIT COPY

Goal \_\_\_\_\_

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF ARIZONA**

% \_\_\_\_\_

**TRANSMITTAL FORM**

DUES TRANSMITTAL # 29 DATE 9/1/21 UNIT # 106

ENCLOSED FOR  
MEMBERSHIP YEAR 2021 # OF SR. 1 # OF JR. 1 AMOUNT  
ENCLOSED \$ \_\_\_\_\_

TOTAL MEMBERSHIP PAID ON THIS TRANSMITTAL 2 CREDIT USED \_\_\_\_\_

TOTAL PAID ONLINE/PUFL LISTED ON THIS TRANSMITTAL 3 TOTAL \$ \_\_\_\_\_

TOTAL MEMBERSHIP PREVIOUSLY PAID 120

TOTAL MEMBER 125

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DAYTIME PHONE NUMBER

**DEPARTMENT USE ONLY**

Card Count \_\_\_\_\_ Sr. \_\_\_\_\_ Jr. \_\_\_\_\_

Over \_\_\_\_\_ CK# \_\_\_\_\_ \$ \_\_\_\_\_

Short \_\_\_\_\_ CK# \_\_\_\_\_ \$ \_\_\_\_\_

PAID ONLINE \_\_\_\_\_

NEW WOMEN VETERANS \_\_\_\_\_

WHITE DEPARTMENT COPY - YELLOW (WILL BE RETURNED TO UNIT) - PINK UNIT COPY



## AMERICAN LEGION AUXILIARY MEMBER DATA FORM

Member ID # \_\_\_\_\_  
(Required for all changes)

Date \_\_\_\_\_

Department **AZ** Unit # \_\_\_\_\_

Name \_\_\_\_\_

☐ SR ☐ JR ☐ DECEASED, date of death \_\_\_\_\_

☐ VIM ☐ Honorary Life Member \_\_\_\_\_

☐ Life Member (Depts of CO, ND, SD ONLY) \_\_\_\_\_

### CORRECTIONS

Old Information

New Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Former Address \_\_\_\_\_

New Address \_\_\_\_\_

Former City \_\_\_\_\_

New City \_\_\_\_\_

Former State \_\_\_\_\_ Zip \_\_\_\_\_

New State \_\_\_\_\_ Zip \_\_\_\_\_

Former Telephone # \_\_\_\_\_

New Telephone # \_\_\_\_\_

### UNIT TRANSFERS

PREVIOUS Unit # \_\_\_\_\_ Department \_\_\_\_\_

NEW Unit # \_\_\_\_\_ Department \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature - Member (Required) \_\_\_\_\_

Signature- New Unit Officer (Required) \_\_\_\_\_

### ADDITIONAL INFORMATION

Martial Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced Date of Birth / /

E-mail address \_\_\_\_\_



**HONORARY LIFE MEMBERSHIP:** Recommendations as set up by the Life Membership Committee in 1974-75.

1. Minimum of fifteen years, not necessarily in the Unit that is considering her for life membership.
2. A participating and loyal member for the majority of her membership years.
3. Member will have held three elective offices in the organization, not necessarily as Unit President.
4. Member will have held a minimum of three Chairmanships in the American Legion Auxiliary serving with dedication, making a definite contribution to the organization.
5. Being a Charter member would not automatically be a qualification for consideration of a Life Membership.
6. **Unit desiring to give a Life Membership should submit qualifications to the Department Secretary as stated above.** If extenuating circumstances exist, reasons must be so stated and recorded.

**PUFL:** A Paid Up For Life membership is purchased with a lump sum payment making a paid up for life member of the American Legion Auxiliary. VIM membership assures the member all benefits of membership for life with no additional payment.

PUFL applications are available from Department Headquarters.

\*\*\*\*\*

The information written above is from the Department Policies and Procedures. These are the requirements to meet in order to give a member an Honorary Life Membership.

**Number 6 is most important.** The Unit should document the member's qualification at Department. Department in turn will notify National that the member has been given a Honorary Life Membership. National will then flag this member on the roster as either a SH (Senior Honorary) or JH (Junior Honorary). The member will no longer receive any renewal notices in the mail. The Unit is responsible for sending in their dues and will know which ones are Honorary by the flag on the roster.

If your Unit has Honorary Life Members and have not sent the documentation, you need to send it to Department as soon as possible.

Thank you for Investing in our Members,  
Barbara Matteson -- Department Secretary/Treasurer

8/2013





American Legion Auxiliary  
**PAID UP FOR LIFE**  
**MEMBERSHIP**

(Please type or print - see instructions on reverse)

**SECTION 1 - To be completed by APPLICANT**

FULL NAME: \_\_\_\_\_  
(First) (Middle) (Last)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip)  
DATE OF BIRTH: (required) \_\_\_\_/\_\_\_\_/\_\_\_\_  
PUFL MEMBERSHIP FEE: \$ \_\_\_\_\_  
(see rate chart on reverse side)  
DAYTIME TEL # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SIGNATURE OF APPLICANT: \* \_\_\_\_\_  
*\*can only be omitted if membership is a gift; if a gift, please refer to section below*

Date Application  
Submitted to  
Unit Secretary

\_\_\_\_/\_\_\_\_/\_\_\_\_



Name: \_\_\_\_\_ Tel #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Indicate Payment Method:**

- ☐ Check or Money Order -- Make payable to: *American Legion Auxiliary*  
☐ MasterCard Card # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
☐ Visa Card # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Tel # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 2 - To be completed by UNIT SECRETARY**

With my signature below, I certify that applicant is a member in good standing, has a valid membership card (has paid dues) for the current year, that application is completed in full, that the PUFL fee listed above is accurate, and that the application is ready for processing at National Headquarters. **Note:** After January 1, a member whose dues for the current year are not paid is considered delinquent and such member must pay the current dues to the Unit before member is eligible to purchase a PUFL membership. (see information on back)

Membership ID #: \_\_\_\_\_ Last year this member paid dues to Unit: \_\_\_\_\_

Unit #: \_\_\_\_\_ Department: \_\_\_\_\_ Annual Unit Dues (Unit + Dept + Nat'l): \$ \_\_\_\_\_

**\*Is Unit waiving its portion of dues for this applicant?** Yes \_\_\_\_ No \_\_\_\_

Signature of Unit Secretary: \_\_\_\_\_ Date application certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Tel #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*\*for explanation, see "COST" section on reverse side*

Note: Send this form,  
along with payment to:

American Legion Auxiliary, National Headquarters  
ATTN: Membership Division - PUFL  
3450 Founders Road  
Indianapolis, IN 46268

**Note: PUFL Fees are non-refundable**

**SECTION 3 - To be completed by NATIONAL HEADQUARTERS**

NATIONAL per capita: \$ \_\_\_\_\_ DEPARTMENT per capita: \$ \_\_\_\_\_ Balance for UNIT: \$ \_\_\_\_\_

Date card sent \_\_\_\_/\_\_\_\_/\_\_\_\_

**ELIGIBILITY:** Any member of the American Legion Auxiliary in good standing (having a valid membership card for the current year) may pay dues in advance for the remainder of member's life. After January 1, a member whose dues are not paid for the current year is delinquent and such member must pay member's current dues to the Unit before becoming eligible to purchase a PUFL membership. If a member pays their dues in advance and later decides they want to purchase a PUFL membership, that dues amount may be deducted from the total PUFL membership cost until January 1 of the current membership year.

**COMPLETING APPLICATION:** The APPLICANT completes and signs the top portion of the application form and submits to the Unit Secretary for certification that member is in good standing and has paid dues for current year. Payment or charge card information must be provided before the application can be processed. Make check or money order payable to: American Legion Auxiliary. See the rate chart below for payment due. The UNIT SECRETARY must: 1) Verify that applicant has paid current year dues; 2) complete and sign the second section of the application.

**PROCESSING APPLICATION:** After the application and payment are accepted and processed by National Headquarters, a permanent PUFL Membership card is sent to the member. The card is proof of the member's paid-up-for-life membership status. Each year thereafter, National Headquarters will send the Unit, through its Department Headquarters, the Unit's share of the member's annual dues. The Unit and Department will receive the same amount each year as long as the member lives and remains a member of that Unit.

**COST:** The cost of a PUFL membership is based upon two factors -- the member's age at the time of application/purchase and the total dues of the Unit at the time the application is processed.\* The total dues of the Unit consist of the Department per capita, the National per capita and the amount of annual dues retained by the Unit. The dues amount used to compute the cost of a PUFL membership may not be less than the sum of the Department per capita plus National per capita. (Units may waive their portion of dues. By doing so, the Unit forfeits or "gives up" the annual payment of that member's dues from the Paid Up For Life Trust.) NOTE: see "ELIGIBILITY" section (above) about deducting dues paid in advance from the total PUFL fee.

**\* The PUFL fee for applications processed after June 30 must be based on the total Unit dues for the following membership year.**

The rate chart must be used to determine the exact cost of a Paid Up For Life membership. At the top of the chart, select your age group -- the age at your last birthday. In the left-hand column, find the amount of your annual Unit dues (round to the nearest dollar amount) and trace across to your age column. This amount is the cost of your PUFL Membership.

**Example:** if you are 62 years old and your Unit dues are \$14.50, the cost of your PUFL membership is \$327.00.

If your dues amount is higher than \$50.00, you can find a continuation of the PUFL rate chart in the Member Resources section of the national website at [www.ALAforVeterans.org](http://www.ALAforVeterans.org)

## PUFL FEE RATE CHART

Effective September 1, 2014

Rate of Sr. Annual Dues	Age When Single Payment Made									
	Birth to 11	12 to 17	18 to 24	25 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 & Over
\$12.00	555	520	499	471	449	398	337	267	196	127
\$13.00	596	558	536	506	482	428	362	287	210	137
\$14.00	637	597	573	541	516	457	387	307	225	146
\$15.00	678	635	610	576	549	487	412	327	239	156
\$16.00	719	674	647	611	582	516	437	347	254	165
\$17.00	760	712	684	646	615	546	462	366	268	175
\$18.00	801	751	721	681	649	575	487	386	283	184
\$19.00	842	790	758	716	682	605	512	406	297	194
\$20.00	883	828	795	751	715	634	537	426	312	203
\$21.00	924	867	832	785	748	663	562	446	326	212
\$22.00	966	905	869	820	782	693	587	465	341	222
\$23.00	1,007	944	906	855	815	722	612	485	355	231
\$24.00	1,048	982	943	890	848	752	637	505	370	241
\$25.00	1,089	1,021	979	925	881	781	662	525	384	250
\$26.00	1,130	1,059	1,016	960	915	811	687	545	399	260
\$27.00	1,171	1,098	1,053	995	948	840	712	565	413	269
\$28.00	1,212	1,136	1,090	1,030	981	870	737	584	428	279
\$29.00	1,253	1,175	1,127	1,065	1,014	899	762	604	442	288
\$30.00	1,294	1,213	1,164	1,100	1,048	929	787	624	457	297
\$31.00	1,335	1,252	1,201	1,135	1,081	958	812	644	471	307
\$32.00	1,376	1,290	1,238	1,169	1,114	988	837	664	486	316
\$33.00	1,418	1,329	1,275	1,204	1,148	1,017	862	683	500	326
\$34.00	1,459	1,367	1,312	1,239	1,181	1,047	887	703	515	335
\$35.00	1,500	1,406	1,349	1,274	1,214	1,076	912	723	529	345
\$36.00	1,541	1,444	1,386	1,309	1,247	1,106	937	743	544	354
\$37.00	1,582	1,483	1,423	1,344	1,281	1,135	962	763	558	364
\$38.00	1,623	1,521	1,460	1,379	1,314	1,165	987	782	573	373
\$39.00	1,664	1,560	1,497	1,414	1,347	1,194	1,012	802	587	382
\$40.00	1,705	1,598	1,534	1,449	1,380	1,224	1,037	822	602	392
\$41.00	1,746	1,637	1,571	1,484	1,414	1,253	1,062	842	616	401
\$42.00	1,787	1,675	1,608	1,518	1,447	1,283	1,087	862	630	411
\$43.00	1,828	1,714	1,645	1,553	1,480	1,312	1,112	881	645	420
\$44.00	1,869	1,752	1,682	1,588	1,513	1,342	1,137	901	659	430
\$45.00	1,911	1,791	1,719	1,623	1,547	1,371	1,162	921	674	439
\$46.00	1,952	1,829	1,756	1,658	1,580	1,401	1,187	941	688	449
\$47.00	1,993	1,868	1,793	1,693	1,613	1,430	1,212	961	703	458
\$48.00	2,034	1,906	1,830	1,728	1,646	1,460	1,237	980	717	467
\$49.00	2,075	1,945	1,867	1,763	1,680	1,489	1,262	1,000	732	477
\$50.00	2,116	1,983	1,904	1,798	1,713	1,519	1,287	1,020	746	486

**NOTE:** For members under age 18, PUFL rates are based on your Unit's annual senior dues amount.

## **MEMBERSHIP RIGHTS, OBLIGATIONS AND PROTOCOL**

Each Members has the following fundamental rights, subject only to such limitations as may be set forth in the Constitution and Bylaws and/or Standing Rules.

1. To receive notice of meetings and to attend meetings.
2. To speak, to vote, to present motions, resolution or other business.
3. To nominate or to be a candidate for office.
4. To resign from office; to withdraw membership.
5. To inspect official records of the organization.
6. To insist on enforcement of the Constitution and Bylaws and Standing Rules, and the correct usage of the rules of Parliamentary Law.
7. To pay dues promptly.
8. To accept majority rule on decisions.
9. To accept elected officers whether or not the member's choice, and to be loyal.
10. To bring in new members and generally aid in the promotion of the aims and purposes of the organization.
11. To be attentive during meetings, avoiding chit-chat with your neighbors; to second motions; to avoid aimless rambling on discussions and reports; to contribute in every way to making the meeting interesting; and to expedite all matters of business.
12. Protocol demands that members arrive to meetings on time and that they do not leave until adjournment unless for a special reason and if they obtain permission.
13. Always address the Chair before speaking.
14. Address the presiding Vice President or any person presiding temporarily as "Madam Chairman". She is not your President.
15. Come to instant order upon hearing the rap of the gavel.
16. Do not stand waiting for recognition while another has the floor.





## American Legion Auxiliary

### ARE YOU ELIGIBLE FOR MEMBERSHIP IN THE ALA?

Join us in serving America's  
veterans!

#### RELATIONSHIP TO VETERAN:



- ★ MOTHER
- ★ DAUGHTER
- ★ SISTER
- ★ GRANDMOTHER
- ★ GRANDDAUGHTER
- ★ SELF — FEMALE  
VETERANS WHO  
HAVE SERVED
- ★ MALE or FEMALE  
SPOUSE

#### TWO PATHS FOR ALA ELIGIBILITY:

##### PATH ONE:

The potential member  
is related to a living  
veteran by one of the  
relationships stated  
above and the veteran  
is living AND a current  
member of The American Legion.



If the potential member is a  
female veteran, she only needs  
to have served during the eligible  
time periods to be eligible for  
ALA membership.

##### PATH TWO:

The potential member is  
related to a deceased  
veteran who served during  
the eligible time periods  
and was honorably discharged.



The deceased veteran did  
not have to be a member  
of The American Legion  
in order for the potential  
member to join the ALA.

##### ELIGIBILITY PERIODS:

April 6, 1917, to November 11, 1918;  
and any time after December 7, 1941



For more information, please contact:

Enter Contact Name  
Phone Number  
Email Address



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VETERANS WHO  
HAVE SERVED
- ★ MALE or FEMALE  
SPOUSE

#### TWO PATHS FOR ALA ELIGIBILITY:

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veteran by one of the  
relationships stated  
above and the veteran  
is living AND a current  
member of The American Legion.



If the potential member is a  
female veteran, she only needs  
to have served during the eligible  
time periods to be eligible for  
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##### PATH TWO:

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Email Address



AMERICAN LEGION AUXILIARY  
DEPARTMENT OF ARIZONA

It was voted on and approved by the Department Executive Committee at the Department Convention in June 2016 to allow Units to have access to the ALAMIS system.

ALAMIS is American Legion Auxiliary Membership Information System.

The Units will be allowed look to at their Unit's information only. They will also be able to print rosters themselves.

National will allow 2 members to access this information at the cost of \$10.00 each per person per year. Do you have to have 2 members? No, 1 is acceptable but no more than 2.

Does the Unit have to do this? No, it is up to the Units. Unit action on this should show in the Unit meeting minutes.

If your Unit chooses to do this you must fill out the information below. Only 2 members for each Unit will be allowed to have access. Unit approval and date is required.

1. Name \_\_\_\_\_ id# \_\_\_\_\_
2. Unit Name and # \_\_\_\_\_
3. Email \_\_\_\_\_ Phone # \_\_\_\_\_
4. Signature \_\_\_\_\_
5. Unit Approval \_\_\_\_\_ Date \_\_\_\_\_

1. Name \_\_\_\_\_ id# \_\_\_\_\_
2. Unit Name and # \_\_\_\_\_
3. Email \_\_\_\_\_ Phone # \_\_\_\_\_
4. Signature \_\_\_\_\_
5. Unit Approval \_\_\_\_\_ Date \_\_\_\_\_

Complete and send a check to Department:

American Legion Auxiliary  
Attn: ALAMIS Access  
4701 N 19<sup>th</sup> Ave Suite 100  
Phoenix, AZ 85015

**MEMBERSHIP...**

**Follow Instructions**

**Watch Deadline**

**Question about the**

**Program contact**

**Barbara White**

**602-908-2980**

**Question about**

**Membership Processing**

**Contact Department**

**602-241-1080**