



AMERICAN LEGION AUXILIARY  
Department of Washington  
(360) 456-5995

2026 UNIT DATA FORM

MANDTORY DOCUMENT: MUST BE COMPLETED YEARLY

Increases in National and Department per capita were mandated at the 2022 Conventions and are Non-Negotiable.

**Total Dues amount includes the Unit, Dept and National portion and will be reflected on the Renewal notice.  
(Please acknowledge the following statements)**

\_\_\_\_\_ I understand the dues amount listed below will be printed on the 2026 Membership Renewal Notices mailed to each senior member by our National organization in September.

\_\_\_\_\_ I understand it is imperative to let Department know immediately if the name or address of the 'remit to' person changes at any time.

\_\_\_\_\_ I understand there is a fee to change our Unit Portion amount after June 1<sup>st</sup>, 2025, and any change in the Dues amount made after August 1<sup>st</sup>, 2025, will not be reflected on the 2026 Membership Renewal Notice.

\_\_\_\_\_ It is recommended that each Unit select their 'remit to' person separately from the elected membership chairman as Department/National needs this information prior to the Units elections.

Unit # \_\_\_\_\_ District # \_\_\_\_\_

**2026 Senior Member Unit Dues**

National Portion \$ 18.00

Department Portion \$ 26.00 (\$44.00 is the minimum)

Unit Portion \$ \_\_\_\_\_

**Total Senior Member Unit Dues:** \$ \_\_\_\_\_ (what will show on renewal notice)

**2026 Junior Member Unit Dues**

National portion is \$2.50

Dept portion is \$3.50 (\$6.00 is the minimum)

Unit portion is \$ \_\_\_\_\_

**Total Junior Member Unit Dues** \$ \_\_\_\_\_ (what will show on renewal notice)

**REMIT TO INFORMATION (name & address to be printed on renewal notices):**

\_\_\_\_\_  
(Name of individual to receive membership dues for 2026 membership)

\_\_\_\_\_  
(Member ID #)

\_\_\_\_\_  
(Address where membership dues are to be sent)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email if Available)

\_\_\_\_\_  
(Signature of Unit Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**Return completed form by MARCH 1st, 2025 to:**  
**ALA Dept of WA PO Box 5867 Lacey, WA 98509**  
**or scan/email to: [secretary@walegion-aux.org](mailto:secretary@walegion-aux.org)**