

MEMBERSHIP 2024-2025

Deb Chambers Chairman

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Welcome to a new year of membership. This year the national membership team has some new instore for us. They have chosen a theme for each division. The Southern Division has been given Earth. After much thought and the help of my committee members, we decided each unit will be given a packet of flower seeds, each flower produced will represent your new members and rejoins. The sun will be represented by department providing aid and encouragement. The fertilizer will be represented by your district conducting informational meetings to help grow your members. The unit will be the soil nurturing and assisting the growth of each member. But wait, don't plant them too early. I'd like the units to get your plants to your district membership person or president. I would like the district person to transplant them into one pot and bring them to our next state convention. We will have something special to do with plants. Please remember we are here to help; feel free to contact anytime with questions or issues.

There will be no target dates for Department as awards will be given out periodically throughout the year. National target dates for us to meet and I know we can if we all work together:

Important Dates

- 75% Department Award Deadline – December 7, 2024
- 100% Unit Award Deadline – January 31, 2025
- 85% Department Award Deadline – March 15, 2025
- 95% Department Award Deadline – May 24, 2025
- Recruit 10 Award Deadline – June 1, 2025
- 100% Department Award Deadline – July 4, 2025
- 102% Department Award Deadline – July 24, 2025

Just a reminder we will need the information at least one week prior for submission.

Once again, this year the **Recruit 10** Program is being offered by national. The applications are available at the national website.

We encourage all members, especially district and unit presidents to visit the national website at www.ALAforVeterans.org. There is so much information there.

End of Year Report

Please mail or email your report by May 1, 2025.

Deb Chambers, 825 Hatcher Ct. Montgomery AL. 36109

Email: debchambers1031@gmail.com Phone: 616-206-6636

Unit Name:

Unit Number

District Number

Contact Name:

How Many Seniors members do you have

Juniors

Did you hold any recruitment events at your unit yes no

If yes please describe add an additional sheet if need:

Does your unit have a welcome package for new members? yes no

Does your unit have a mentoring program for new members? yes no

Did your unit hold a revitalization? yes no

Does your unit have any membership appreciation or awards ceremonies? yes
no

Please share anything special that you did to increase membership. Add and additional sheet if needed.

**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)

DATE OF BIRTH: (required) ____ / ____ / ____

(Address)

(City) (State) (Zip)

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

EMAIL _____

Date Application
Submitted to
Unit Secretary

***FOR GIFT
Mail Card
to:**

Name: _____ Tel #: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Indicate Payment Method:

☐ Check or Money Order -- Make payable to: **American Legion Auxiliary**

☐ MasterCard Card # _____ Expiration date: ____ / ____ CVV: _____

☐ Visa Card # _____ Expiration date: ____ / ____ CVV: _____

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's current year's dues must be paid before they can apply for a PUFL membership and cannot be deducted from the total PUFL fee (see information on back)**

Applicants Membership ID #: _____ Last membership year paid: _____

Unit #: _____ Department/State: _____ Annual Unit Dues (Unit + Dept + Nat'l): \$ _____

***Is Unit waiving its portion of dues for this applicant?** Yes _____ No _____
(By doing so, the Unit forfeits or "gives up" the annual payment of that member's dues for the remainder of their membership.)

Signature of Unit Secretary: _____ Date application certified: ____ / ____ / ____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Daytime Tel #: (____) ____ - ____

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

Send this form, along with payment to:

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

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

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's dues must be paid for the current year before becoming eligible to purchase a PUFL membership. If a member pays their dues in advance and decides before the start of the membership year that 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. After January 1st the full PUFL fee must be paid.

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 the 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, unless the unit has agreed to waive their portion. 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 \$25.00, the cost of your PUFL membership is \$525.00.

If your dues amount is higher than \$60.00, you can find a continuation of the PUFL rate chart in the Member Resources section of the national website at 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
\$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
\$51.00	2,157	2,022	1,940	1,833	1,746	1,548	1,312	1,040	761	496
\$52.00	2,198	2,060	1,977	1,868	1,779	1,578	1,337	1,060	775	505
\$53.00	2,239	2,099	2,014	1,902	1,813	1,607	1,362	1,079	790	515
\$54.00	2,280	2,137	2,051	1,937	1,846	1,637	1,386	1,099	804	524
\$55.00	2,321	2,176	2,088	1,972	1,879	1,666	1,411	1,119	819	534
\$56.00	2,363	2,214	2,125	2,007	1,913	1,696	1,436	1,139	833	543
\$57.00	2,404	2,253	2,162	2,042	1,946	1,725	1,461	1,159	848	552
\$58.00	2,445	2,291	2,199	2,077	1,979	1,755	1,486	1,179	862	562
\$59.00	2,486	2,330	2,236	2,112	2,012	1,784	1,511	1,198	877	571
\$60.00	2,527	2,369	2,273	2,147	2,046	1,814	1,536	1,218	891	581

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

Renewed Members Transmittal Only

AMERICAN LEGION AUXILIARY
DEPARTMENT OF ALABAMA
Attn: Christina Jones, Secretary
P O Box 606, Montgomery, AL. 36101

form rev 7/1/23

Unit: _____

Date: _____

Transmittal # _____

Year: _____

_____	Renewed Seniors	\$ 35.00	_____
_____	Transfer Seniors	\$ 35.00	_____
_____	Renewed Juniors	\$ 6.00	_____
_____	Transfer Juniors	\$ 6.00	_____
	Credit Memo	(Less Amount)	_____

Check #: _____

Amount Enclosed: _____

Per Resolution passed at June 2023 Convention - all Seniors \$35 and Jrs \$6 effective July 1, 2023

Seniors (Please Put In Alphabetical Order)

Name	Member #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name	Member#
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Juniors (Please Put In Alphabetical Order)

Member #

Name	Member#
_____	_____
_____	_____
_____	_____

PLEASE, DO NOT MIX YEARS OR ADD NEW MEMBERS TO THIS FORM
ONE CHECK PER TRANSMITTAL ONLY, DO NOT COMBINE AMOUNTS OF DIFFERENT TRANSMITTALS

Submitted by: _____

Phone: _____

New Members Transmittal Only

AMERICAN LEGION AUXILIARY
DEPARTMENT OF ALABAMA
Attn: Christina Jones, Secretary
P O Box 606, Montgomery, AL. 36101

form rev 7/1/23

Unit: _____

Date: _____

Transmittal # _____

Year: _____

_____	New Seniors	\$ 35.00	_____
_____	Rejoin Seniors	\$ 35.00	_____
_____	New Juniors	\$ 6.00	_____
_____	Rejoin Juniors	\$ 6.00	_____
	Credit Memo	(Less Amount)	_____

Check #: _____

Amount Enclosed: _____

Per Resolution passed at June 2023 Convention - all Seniors \$35 and Jrs \$6 effective July 1, 2023

Seniors (NEW Only - Please Put In Alphabetical Order)

Name	Member #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name	Member#
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Juniors (NEW Only - Please Put In Alphabetical Order)

Name	Member #
_____	_____
_____	_____
_____	_____
_____	_____

Name	Member #
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE, DO NOT MIX YEARS OR ADD RENEWED MEMBERS TO THIS FORM
ONE CHECK PER TRANSMITTAL ONLY, DO NOT COMBINE AMOUNTS OF DIFFERENT TRANSMITTALS

Submitted By: _____ Phone: _____



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) ☐ Birth - 17 ☐ 18 and over Unit # _____ Location _____

Have you been a member previously? ☐ Yes ☐ 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

Veteran Served:

☐ WWI (4/6/1917-11/11/1918)

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

☐ Global War on Terror ☐ Panama ☐ Vietnam ☐ WWII

☐ Gulf War ☐ Lebanon/Grenada ☐ Korea ☐ Other Conflicts

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 _____

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.**