



Senior Member Registration Form
Mid-Winter Conference
January 17-18,2025

County _____

District _____

Unit Name & Number _____

Enclosed is Check # _____ in the amount of \$ _____

_____ # of members registered for the 2025 Mid-Winter Conference at \$50.00 each.

Deadline to Register January 06, 2025

Please Make Check payable to American Legion Auxiliary Department of New York.

Mail to: American Legion Auxiliary
1580 Columbia Turnpike, Bldg. 1, Suite 3
Castleton-on-Hudson, NY 12033

Table with 2 columns: Mid-Winter Conference Registration Name of Member, Unit # and County. Multiple empty rows for data entry.

*Use space on the back of this form if more is needed.

**Please put a star next to all first time attendees.