



American Legion Auxiliary

DEPARTMENT OF NEW YORK, Inc.
1580 Columbia Turnpike, Bldg. #1, Suite 3
Castleton-On-Hudson, NY 12033
(518) 463-1162 / Fax (518) 449-5406

Kimberly Quick
Department President

Barbara Corker
Department Secretary

February 2025

Dear Unit Presidents,

Enclosed is the **2026 Unit Data form for Direct Billing** (Blue Form). Please fill it out and return it to the Department Office no later than **May 1, 2025**. Be advised that the per capita sent into the Department Office will be the **NEW** rate of **\$28 per senior member** and **\$6.25 per junior member** for the **2026 membership year**. The total due on the form **CANNOT** be lower than those amounts per Senior or Junior member. Anything above the per capita will be the Unit portion to keep.

YOU MUST SEND IN YOUR FORM EVEN IF THERE ARE NO CHANGES.

If your Unit needs to raise their dues, please take care of it prior to the May 1st deadline. If you know that your Units current dues rates are sufficient for your Unit to function, you can fill out the form and mail it back as soon as possible. Please make sure you are sending in the **2026 form and not an older version of it**. **Do not leave any area blank**. Fill out the form with the members' information that will be responsible for receiving the 2026 renewals and payments from your Unit members. If this information is not updated, renewal notices will go to the last known responsible member listed on last year's renewals.

If you need to change the dues amounts after May 1st, National HQ charges a \$30 fee to update your new rates. If they need to reprint renewal notices, they are \$1 per member. You can change the **name and address** of who receives the renewals up until **July 20, 2025**. After that they will be **locked** in for the September renewals. You can change it for the February renewals before **December 19, 2025**. Please submit any changes in writing, via mail or email. We will not be taking any changes over the phone.

If there are any changes to your Unit roster (name or address changes), now is the time to make changes. Please send them into the Department Office no later than March 25th. National will start printing the 2026 membership rosters and cards after April 1st; anything submitted after that date will not be reflected in the 2026 rosters or cards.

If you have any questions, please don't hesitate to contact the Department Office at 518-463-1162 or email Caitlin at nyalamemberdata@gmail.com. A fillable form will be available on the Department website deptny.org under resources>forms or under the membership tab. We will also have a sample of how to fill out the form on the Department website.

For God and Country,
Department Office

In the Spirit of Service Not Self for Veterans, God and Country



UNIT NO.: _____

COUNTY: _____

AMERICAN LEGION AUXILIARY DEPT. OF NEW YORK **2026 UNIT DATA FORM – FOR DIRECT BILLING**

(Type or Print – Non-legible or incomplete forms will be returned)

YOU MUST RETURN THIS FORM EVEN IF THERE ARE NO CHANGES **THIS IS A MANDATORY FORM AND MUST BE RETURNED BY DUE DATE**

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 of this Unit. It is understood that no change in the amount of dues which are to be sent can be made after the deadline of **MAY 1, 2025**.

Senior and Junior dues can't be less than the per capita dues shown below.

(DEPT. + NAT. PER CAPITA) + UNIT PORTION =* TOTAL DUE TO UNIT PER MEMBER

THIS IS NOT FOR THE TOTAL NUMBER OF MEMBERS IN THE UNIT-DO NOT LEAVE BLANK

2026 SENIOR DUES OF THE UNIT ARE: (\$28.00) + (\$ _____) =* \$ _____
PER CAPITA + UNIT PORTION = TOTAL PER SENIOR

2026 JUNIOR DUES OF THE UNIT ARE: (\$ 6.25) + (\$ _____) =* \$ _____
PER CAPITA + UNIT PORTION = TOTAL PER JUNIOR

Name of individual to receive membership dues in the mail in for the September '25 and February '26 renewals:

NAME: _____ **Membership I.D. #** _____
(Current year dues of this member must be paid)

ADDRESS: _____

City: _____ **State:** _____ **Zip Code:** _____

THIS IS A: Home Address Post Address P.O. Box Other

Area Code + Telephone Number

Signature: _____

Date: _____

Title: _____

PLEASE NOTE: IT IS IMPERATIVE THAT THIS DATA FORM BE RETURNED NO LATER THAN **May 1, 2025**. BY NOT DOING SO, WILL CAUSE **THE 2026 RENEWAL NOTICES** TO BE SENT TO THE WRONG PERSON ALONG WITH THE INCORRECT AMOUNT. CORRECTIONS TO THE **DUES AMOUNT** RECEIVED AFTER THE DEADLINE WILL BE SUBJECT TO A \$30 PROCESSING FEE WHICH IS DETERMINED BY NATIONAL HQ.

****If there are any updates to the remit to address/name above, you can resubmit this form no later than:**

- **July 20, 2025** for the September renewals.
- **December 19, 2025** for the February renewals.
- **Mail or email only**--no changes will be made over the phone.

RETURN COMPLETED FORM TO THE DEPARTMENT OFFICE

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