

**American Legion Auxiliary**  
**DEPARTMENT OF FLORIDA**

**MEMBERSHIP GUIDELINES**  
**2011 – 2012**

**DIANE ROUSSEAU**  
**DEPARTMENT PRESIDENT**

**“LEAP TO SUCCESS”**

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# MEMBERSHIP ELIGIBILITY

**You may join the American Legion Auxiliary if you are:**

The mother, wife, sister, daughter, granddaughter, great-granddaughter or grandmother of a member of The American Legion.

A female veteran who served during any of the conflicts listed below.

The mother, wife, sister, daughter, granddaughter, great-granddaughter or grandmother of a deceased veteran who served during any of the conflicts listed below.

Eligibility also applies to step children.

**NOTE: THE UNIT IS RESPONSIBLE FOR VERIFYING THE APPLICANT IS ELIGIBLE BY SEEING THE PROPER PAPERWORK THAT VERIFIES THE INFORMATION ON THE APPLICATION. (Birth Certificate, Death certificate, marriage certificate, etc.)**

## **Eligibility Dates**

World War I	April 6, 1917 to November 11, 1918
World War II	December 7, 1941 to December 31, 1946
Korean War	June 25, 1950 to January 31, 1955
Vietnam War	February 28, 1961 to May 7, 1975
Grenada/Lebanon	August 24, 1982 to July 31, 1984
Panama	December 20, 1989 to January 31, 1990
Persian Gulf War	August 2, 1990 to date of cessation

**NOTE: IT IS THE UNIT'S RESPONSIBILITY TO VERIFY PAPERWORK THAT VERIFIES THE INFORMATION REGARDING THE MILITARY RECORD OF THE VETERAN PROVIDING ELIGIBILITY.**

## Unit Membership Roster

A Unit Roster is provided each Unit along with pre-printed cards for each member of the Unit. Each Unit should use the Roster to record the date a member paid her dues and the number of the Unit transmittal her membership stubs were sent to Department. We continue to recommend this method as it may prevent duplication of payments and future complications.

**The Roster is not an accurate record of members who paid 2011 dues to your Unit.** National Headquarters printed the roster on 5/2/2011. Any member, who joined, transferred or paid dues after that date will not be on the Unit roster. In order for member changes to affect your membership roster for next year 2012 they must be received in Department Headquarters by April 30, 2012.

At the top of the Unit's membership roster is an index for the letters down the right hand side of the roster. **MAM** for Adult member, **MYM** for Youth member (Senior & Junior) **PUFL** for paid up for life and **Lost** for bad address. If there is an "X" in the "Lost" column, it means they have a bad address and it needs to be corrected using a member data form.

## Unit Goals

**Unit goals will be determined at Department Convention.** This determination will appear in the first statistical bulletin.

Goal is based on, but not solely determined by, the number of paid members received by Department Headquarters at close of books which is 15 days prior to Department Convention. The membership bulletin, which contains the number of paid members as of close of books, was mailed along with the bulletin containing the number of delegates each Unit may have at Convention, to the Unit by first class mail immediately following close of books.

## Rejoining Members

Members who are no longer in "good standing" may either pay their back dues or rejoin if they are still eligible. When a member rejoins they retain their original membership ID number. Whenever possible **write this membership number on the application and membership card.** If a pre-printed membership card is available send it with the member's new application. Rejoining members **do not** maintain continuous years. **A Unit does not receive credit for a new member when a member re-joins for any contest or awards. They do, however, count towards making your goals.**

**Remember,** a rejoining member **must prove their eligibility at the time they rejoin.** You must submit a new completed application and verify all paperwork proving the information provided on the application.

## Member Status

Good Standing: if 2012 dues are paid to Department Headquarters between July 1, 2011 and January 30, 2012

Delinquent: if 2012 dues are not paid to Department Headquarters by January 30, 2012.

Expire: if 2012 dues are not paid to Department Headquarters by December 31, 2012. This member loses her continuous years.

## Honorary Life Membership

Honorary Life Membership is awarded by a Unit to a member who has given many years of dedicated and active service to the American Legion Auxiliary. The conferring of the Honorary Life Membership should not be taken lightly as it is the highest honor a Unit can bestow upon a member. The Unit should give serious consideration before bestowing the Honorary Life Membership so as not to diminish the honor of the gift.

Each year dues for the Honorary Life Member are **paid by the unit**. Dues for this member are sent to Department on a Unit transmittal as a renewal. Honorary Life Membership may not be transferred from Unit to Unit; or Department to Department; or from one member to another member.

The next steps need to be followed once a Unit has selected a member to receive an Honorary Life Membership:

- a. Write a letter to Department Headquarters which includes:
  - The date your Unit approved the Honorary Life Membership.
  - The name of the member receiving the Honorary Life Membership.
  - \*\*\* **Please be sure the members name is spelled correctly.**
  - The signature of the Unit President **and** Secretary.
- B. Select the pin or card you wish to give her from the National Emblem Sales catalog.
- C. Prepare a check:
  - Payable to **National Emblem Sales**
  - Postage and handling fees** included.
- D. Send all of the above to Department Headquarters. Your order will be sent to National Emblem Sales once the Department Secretary/Treasurer has verified the form.

## PUFL Membership

**PUFL Membership is "paid-up for life". There is no special honor in giving a PUFL membership although it can be given as a gift.**

Application to apply for a PUFL is included with your membership packet or you can request additional applications from Department. Fill it out completely and send it with a check or credit card information to National Headquarters. The application will explain everything. The member requesting a PUFL membership must be in "good standing" or it will be denied to her by National Headquarters. PUFL membership is transferable from Unit to Unit and Department to Department.

## Transferring Member

A member who wishes to belong to a Unit other than the one she currently belongs to may transfer her membership. **This member must be in "good standing"** in order to transfer. There are two types of transfers:

**Paying transfer** - The member pays current year dues to the new Unit. This may be done until January 30, 2012. Include their name, ID # and payment on a renewal Recap and mail with a signed Data Form.

**Non-paying transfer -** The member has already paid her current year dues to the old Unit. No dues are collected from the member and therefore not sent to Department Headquarters. **Don not include her name or Id on a Recap Sheet. Simply mail the signed Data Form with the Transfer information completed to Department.**

## **Replacement Membership Card**

If one of your members needs a replacement membership card, simply complete a blank card filling in their information. Note, the blank cards from National do not have a membership year on them, you will have to include this information when completing the card.

## **Credits**

Credit - When Department Headquarters must remove one or more members from a recap the monies not used by the check sent with the recap are put in a holding account until the Unit notifies Department Headquarters to use these monies. A "letter of credit" is sent the Unit and this credit may be used for any membership until the date of "Close of Books" the membership year it was issued. The credit letter, when issued, will list the date it expires.

It is a Unit's responsibility to keep up with the credits it receives and uses. You are notified when an error has occurred and of the change to the recap. You are also notified of an error in amount of money sent, resulting in an overage or shortage. You also know when you mail a recap with no payment at all. There is no reason to be surprised, when a notice comes at the end of the year that the Unit owes the Department money. The Treasurer should be working closely with the Membership Chairman tracking these payments.

A new system is being put in place this year to hopefully assist with this procedure.

## **Current Year Membership**

### **1. Recaps**

**Membership must be sent to Department Headquarters no less than monthly as stated in the Department Bylaws Article VI, Section 4 of the Unit Guide.**

a. **Consecutively number and date each Recap form.** (This helps with research)

b. Checks

**one for each Recap is required**  
made out to: ALA Dept. of FL  
written for dues amount required  
**Senior per capita - \$12.50**  
**Junior per capita - \$3.00**

c. **Double check** the following for each Recap:

number of Juniors  
number of Seniors  
total dues amount is correct for the members sent  
number of new members  
Transfers are complete  
Applications are complete

- d. Letters of Credit  
good until "Close of Books" of the year issued.  
**double check** dues figures when handling credits

e. **WARNING**

**Only Blue or Black ball point ink is allowed on applications.  
Applications must be signed by a Post Commander or Adjutant**

**2. . Member Data Changes**

National is no longer printing Member Data Forms. Once the Membership System goes live to Units, you will be able to make corrections to your members records directly. Until then, we still need you to send us the information that needs to be corrected. Make copies of the old data form and use that to report the following.

Name changes (See S2)  
Address changes (See S5)  
Deceased Members (See S4)  
Transfers (See S3)

**Transfers**

**\*\*\*\*\* SPECIAL NOTE \*\*\*\*\***

**Any member wishing to transfer must be in "good standing". Any member transferring after January 30, 2012 will not be in "good standing" and must pay 2012 dues to the old unit.**

**\*\*\*\*\***

**1. Dues paid to "new" Unit**

Unit Secretary should:

Request to see the 2011 membership card of the member  
Collect the member's 2012 dues.  
Complete all necessary sections of the Member Data Form. See page S3.  
**Forms must be dated. Do not abbreviate city names.  
Obtain war era of member's veteran eligibility (needed for our records).**  
Complete a membership card and give to the member.  
Send Member Data Form and dues to Department Headquarters with the Unit's next Recap  
Must be signed by the member and a Unit Officer

**2. Dues paid to "former" Unit**

Unit Secretary should: Request to see the **2012** membership card of the member wishing to transfer.  
**Issue the member a card from your Unit, and attach the old card to the Data Form.**  
Complete all necessary sections of the Member Data Form See page S3  
**Forms must be dated. Do not abbreviate city names.  
Obtain war era of member's veteran eligibility (needed for our**

**records).**

Send completed Member Data Form to Department Headquarters with the Unit's next Recap. Do not include her name or ID with the list of names. Must be signed by the member and a Unit Officer.

When completing the Data Form for a transfer, the Unit information on the top of the Form is the OLD UNIT information.

**Only the new Unit can submit a Data Form to transfer a member. If a member transfers out of your Unit. . . you send nothing to Headquarters.**

### **Payment of Back Dues**

**NO BACK DUES WILL BE ACCEPTED UNLESS  
ACCOMPANIED BY CURRENT YEAR'S DUES**

**Separate Recap Form must be completed for each year.**

**Each Recap Form must be accompanied by a separate check.**

Make check payable to ALA Dept. of FL

**Senior per capita \$12.50**

**Junior per capita \$ 3.00**

**Any Back Dues Forms improperly completed will be returned to the Unit.**

**There will be no exceptions to the procedures for handling back dues.**

**REMEMBER:**

**ONLY ONE MEMBERSHIP YEAR PER FORM**

**EACH FORM REQUIRES A UNIT CHECK FOR PAYMENT**

### **Applications (See S1)**

**APPLICATIONS MUST CONTAIN THE FOLLOWING INFORMATION:**

**Print or type applications using blue or black ball point pen only.**

1. Applicants full proper name - - use **first name, no Mrs., Ms. or Miss.**
2. Check to indicate if a Senior or Junior member.

**Note: If a Junior member - date of birth is required.**

3. Address - - **No address labels.**
  - A. Street address including apartment, building and lot numbers.
  - B. City name - **NO, ABSOLUTELY NO, ABBREVIATIONS**
  - C. State and Zip Code.

4. Unit number/location
  - a. Your Unit number
  - b. **FL** - - the location is our Department name.
5. Veteran Information
  - a. Full proper name
  - b. Mark appropriate box for veteran to indicate whether living or deceased
  - c. If veteran is living, please include his or her membership ID # for the Legion.
6. Post Information
  - a. Name of Legion Post veteran belongs to
  - b. Post number veteran belongs to
  - c. City of Post Home
  - d. State and zip code of Post Home
7. Service dates veteran served in
8. Relationship of veteran to applicant
9. Signature of applicant is required.

For Junior members the application must be signed by mother or grandmother.
10. Date of applicant's signature is required
11. **Signature of Post Adjutant or Commander only- print name below signature if not legible. No signature stamps allowed.**

**Note:** Signature of Unit Secretary only if applicant is eligible through her own service.
12. Date of Post officer's signature is required.

### **Recap Sheet (See S-6)**

Recaps must contain the following information:

1. Transmittal # (Begin with number 1 each year and number consecutively) This helps with research.
2. Your Unit number.
3. The membership year you are paying. Current dues are 2012. This has nothing to do with the date you are remitting the form. If you are paying a year other than current dues (2012) then list that year here.
4. Circle new or renewal. Do not mix on the same recap. Transfers are renewals!
5. # of senior and juniors included with recap.
6. The dollar amount based on # of senior and juniors submitted at \$12.50 per senior and

\$3.00 per junior.

7. The check # included with recap.
8. The date form is submitted.
9. The name of the person completing the recap form.
10. The list of members whose dues are included on the recap. List in alphabetical order please!
11. The ID # for each member being paid on the recap form.

The same form is used for back dues. List the year you are paying in # 3. Everything else remains the same.

## Remember . . .

DO NOT MIX NEW & RENEWAL

DO NOT MIX YEARS

EACH RECAP REQUIRES SEPARATE PAYMENT

**COMPLETED**

**SAMPLES**



# American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

## Applicant Information

MEAGAN A KING  
 Name (First) (M.I.) (Last)  
 1996 LEGION AVE APT 123  
 Address  
 ORLANDO FL 32810  
 City State Zip  
 (407) 222-3333 (407) 333-4444  
 Phone (Work) (Home)  
 ME@HOTMAIL.COM 4/11/1920  
 E-mail address Date of Birth  
 400 FLORIDA  
 Unit Number & Location  
 Meagan A. King 7/5/07  
 Signature of Applicant (or legal guardian if Junior member) Date

## Eligibility Information

JOHN A KING  
 Name of Veteran Eligible Through  
 HEADQUARTERS 400 ORLANDO FL  
 American Legion Post Post # City State  
 123456789  
 Legion Member ID Number  
 Veteran:  Living  Deceased  
 Veteran served in:  
 WWI (4/6/17-11/11/18)  WWII (12/7/41-12/31/46)  
 Merchant Marines (12/7/41-8/15/45 Only)  Korea (6/25/50-1/31/55)  
 Vietnam (2/28/61-5/7/75)  Grenada/Lebanon (8/24/82-7/31/84)  
 Panama (12/20/89-1/31/90)  Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)  
 Applicant's Relationship to the Veteran: (Step relatives are eligible)  
 Mother  Daughter  Granddaughter  Grandmother  
 Wife  Sister  Great-Granddaughter  Self  
 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.  
 (MUST BE SIGNED BY POST ADJUTANT OR COMMANDER)  
 Post Officer Membership Verification Or Unit Secretary's Verification for Female Veterans Only Date 7/7/07

### APPLICATIONS MUST CONTAIN THE FOLLOWING INFORMATION:

Print or type applications using blue or black ball point pen only.

- Applicants full proper name - - use first name, no Mrs., Ms. or Miss.
- Check to indicate if a Senior or Junior member.  
**Note: If a Junior member - date of birth is required.**
- Address - - **No address labels.**
  - Street address including apartment, building and lot numbers.
  - City name - **NO, ABSOLUTELY NO, ABBREVIATIONS**
  - State and Zip Code.
- Unit number/location
  - Your Unit number
  - FL** - - the location is our Department name.
- Veteran Information
  - Full proper name
  - Mark appropriate box for veteran to indicate whether living or deceased
  - If veteran is living, please include his or her membership ID # for the Legion.
- Post Information
  - Name of Legion Post veteran belongs to
  - Post number veteran belongs to
  - City of Post Home
  - State and zip code of Post Home
- Service dates veteran served in
- Relationship of veteran to applicant
- Signature of applicant is required.  
 For Junior members the application must be signed by mother or grandmother.
- Date of applicant's signature is required
- Signature of Post Adjutant or Commander only- print name below signature if not legible. No signature stamps allowed.**  
**Note: Signature of Unit Secretary only if applicant is eligible through her own service.**
- Date of Post officer's signature is required.

AMERICAN LEGION AUXILIARY  
**MEMBER DATA FORM**

NAME CHANGE

Member ID # 300673490  
*(Required for all changes)*

Date 4/14/03

Department IN Unit # 500

Name Kate Thomas  
100 Saint Regis Dr  
Brownsburg, IN 46112

SR       JR       DECEASED  
 VIM       Honorary Life Member  
 Life Member (Depts of CO, ND, SD ONLY)

**CORRECTIONS**

Old Information	New Information
Name <u>Kate Thomas</u>	Name <u>Kate Friendly</u>
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 \_\_\_\_\_

Kate Friendly  
Signature-Member *(Required)*

Jeri Smalley  
Signature- New Unit Officer *(Required)*

**ADDITIONAL INFORMATION**

Marital Status:  Married  Single  Widowed  Divorced      Date of Birth \_\_\_/\_\_\_/\_\_\_

Continuous Years of Membership \_\_\_\_\_ for \_\_\_\_\_ *(Paid Year)*

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

**WAR ERA OF ELIGIBILITY**

*(The Veteran, living or deceased, served in:)*

- WWI (4/6/17 - 11/11/18)       WWII (12/7/41 - 12/31/46)       Korea (6/25/50 - 1/31/55)
- Vietnam (2/28/61 - 5/7/75)       Grenada, Lebanon (8/24/82 - 7/31/84)       Panama (12/20/89 - 1/31/90)
- Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by the U.S. Govt.)
- Merchant Marines (12/7/41 - 8/15/45 Only Eligibility)

**BRANCH OF SERVICE OF ELIGIBILITY**

*(The Veteran, living or deceased, served in:)*

- U.S. Air Force       U.S. Army       U.S. Marines       U.S. Navy       U.S. Coast Guard       U.S. Merchant Marines

# in Household \_\_\_\_\_ Occupation \_\_\_\_\_

AMERICAN LEGION AUXILIARY  
**MEMBER DATA FORM**

MEMBER TRANSFER

Member ID # 300673490  
*(Required for all changes)*

Date 4/14/03

Department IN Unit # 500

Name Kate Thomas  
100 Saint Regis Dr  
Brownsburg, IN 46112

SR       JR       DECEASED  
 VIM       Honorary Life Member  
 Life Member (Depts of CO, ND, SD ONLY)

**CORRECTIONS**

**Old Information**

**New Information**

Name \_\_\_\_\_  
Former Address \_\_\_\_\_  
Former City \_\_\_\_\_  
Former State \_\_\_\_\_ Zip \_\_\_\_\_  
Former Telephone # (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
New Address \_\_\_\_\_  
New City \_\_\_\_\_  
New State \_\_\_\_\_ Zip \_\_\_\_\_  
New Telephone # (\_\_\_\_) \_\_\_\_\_

**UNIT TRANSFERS**

PREVIOUS Unit # 500 Department IN

NEW Unit # 248 Department IN

Kate Thomas  
Signature-Member (Required)

Jeri Smalley  
Signature- New Unit Officer (Required)

**ADDITIONAL INFORMATION**

Marital Status:  Married  Single  Widowed  Divorced      Date of Birth \_\_\_/\_\_\_/\_\_\_

Continuous Years of Membership \_\_\_\_\_ for \_\_\_\_\_ (Paid Year)

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

**WAR ERA OF ELIGIBILITY**

*(The Veteran, living or deceased, served in:)*

- WWI (4/6/17 - 11/11/18)       WWII (12/7/41 - 12/31/46)       Korea (6/25/50 - 1/31/55)
- Vietnam (2/28/61 - 5/7/75)       Grenada, Lebanon (8/24/82 - 7/31/84)       Panama (12/20/89 - 1/31/90)
- Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by the U.S. Govt.)
- Merchant Marines (12/7/41 - 8/15/45 Only Eligibility)

**BRANCH OF SERVICE OF ELIGIBILITY**

*(The Veteran, living or deceased, served in:)*

- U.S. Air Force     U.S. Army     U.S. Marines     U.S. Navy     U.S. Coast Guard     U.S. Merchant Marines

# in Household \_\_\_\_\_ Occupation \_\_\_\_\_

AMERICAN LEGION AUXILIARY  
MEMBER DATA FORM

Member ID # 123456789  
*(Required for all changes)*

Date 4/27/05

Department IN Unit # 500

Name Jane Doe  
124 Anywhere St  
Notown, IN 00000

SR  JR  DECEASED, date of death 3 / 01 / 05  
 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 \_\_\_\_\_  
\_\_\_\_\_  
Signature - Member *(Required)*

NEW Unit # \_\_\_\_\_ Department \_\_\_\_\_  
Jeri Smalley  
Signature - New Unit Officer *(Required)*

ADDITIONAL INFORMATION

Marital Status:  Married  Single  Widowed  Divorced Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Continuous Years of Membership \_\_\_\_\_ for \_\_\_\_\_ *(Paid Year)*  
E-mail address \_\_\_\_\_

WAR ERA OF ELIGIBILITY *(The Veteran, living or deceased, served in:)*

- WWI (4/6/17 - 11/11/18)  WWII (12/7/41 - 12/31/46)  Korea (6/25/50 - 1/31/55)
- Vietnam (2/28/61 - 5/7/75)  Grenada, Lebanon (8/24/82 - 7/31/84)  Panama (12/20/89 - 1/31/90)
- Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by the U.S. Government)
- Merchant Marines (12/7/41 - 8/15/45 Only Eligibility)

BRANCH OF SERVICE OF ELIGIBILITY *(The Veteran, living or deceased, served in:)*

- U.S. Air Force  U.S. Army  U.S. Marines  U.S. Navy  U.S. Coast Guard  U.S. Merchant Marines

# in Household \_\_\_\_\_ Occupation \_\_\_\_\_

Rev 5/04

White copy goes to National

Yellow copy goes to Department  
S4

Pink copy goes to Unit

AMERICAN LEGION AUXILIARY  
**MEMBER DATA FORM**

ADDRESS CHANGE

Member ID # 300673490  
*(Required for all changes)*

Date 4/14/03

Department IN Unit # 500

Name Kate Thomas  
100 Saint Regis Dr  
Brownsburg, IN 46112

SR  JR  DECEASED  
 VIM  Honorary Life Member  
 Life Member (Depts of CO, ND, SD ONLY)

**CORRECTIONS**

Old Information	New Information
Name _____	Name _____
Former Address <u>100 Saint Regis Dr</u>	New Address <u>2350 W 400 N</u>
Former City <u>Brownsburg</u>	New City <u>Brownsburg</u>
Former State <u>IN</u> Zip <u>46112</u>	New State <u>IN</u> Zip <u>46112</u>
Former Telephone # <u>(317) 462-5723</u>	New Telephone # <u>(317) 462-9145</u>

**UNIT TRANSFERS**

REVIOUS Unit # \_\_\_\_\_ Department \_\_\_\_\_

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

Signature-Member *(Required)*

Signature- New Unit Officer *(Required)*

**ADDITIONAL INFORMATION**

Marital Status:  Married  Single  Widowed  Divorced Date of Birth \_\_\_/\_\_\_/\_\_\_

Continuous Years of Membership \_\_\_\_\_ for \_\_\_\_\_ *(Paid Year)*

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

**WAR ERA OF ELIGIBILITY**

*(The Veteran, living or deceased, served in:)*

- WWI (4/6/17 - 11/11/18)  WWII (12/7/41 - 12/31/46)  Korea (6/25/50 - 1/31/55)
- Vietnam (2/28/61 - 5/7/75)  Grenada, Lebanon (8/24/82 - 7/31/84)  Panama (12/20/89 - 1/31/90)
- Persian Gulf War (8/2/90 - Cessation of hostilities, as determined by the U.S. Govt.)
- Merchant Marines (12/7/41 - 8/15/45 Only Eligibility)

**BRANCH OF SERVICE OF ELIGIBILITY**

*(The Veteran, living or deceased, served in:)*

- U.S. Air Force  U.S. Army  U.S. Marines  U.S. Navy  U.S. Coast Guard  U.S. Merchant Marines

# in Household \_\_\_\_\_ Occupation \_\_\_\_\_

MEMBERSHIP RECAP SHEET

TRANS # ①

UNIT # ②

YEAR ③

NEW ④ RENEWAL

(CIRCLE ONE)

⑤ SENIORS PAID @ \$12.50 EA

\_\_\_\_\_ JUNIORS PAID @ \$3.00 EA

\_\_\_\_\_ ⑥ \_\_\_\_\_

TOTAL PAID CHECK # ⑦

USE SEPARATE SHEET FOR EACH YEAR AND FOR NEW & RENEWAL

DATE ⑧

NAME ⑨

LIST ALL MEMBERS BEING PAID WITH NAME AND ID #

	NAME	ID#
1.	<u>⑩</u>	<u>⑪</u>
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

(ATTACH ADDITIONAL PAGES AS NEEDED)



Your benefits of belonging to the American Legion Auxiliary

## Member Discounts & Services

### FINANCIAL

#### Bank of America

Receive your own  
Platinum Plus Visa credit card  
1.800.932.2775  
www.bankofamerica.com  
ALA Code: UAA9YU



### HEALTH

#### ScriptSave Prescriptions Savings Program

Prescription savings, for your entire household, on brand name and generic drugs at thousands of participating pharmacies nationwide  
1.800.700.3957  
www.scriptsave.com  
ALA Code: Group #: 417



#### EyeMed Vision Care

Savings of up to 40% on eyeglasses and prescription sunglasses  
Choose from thousands of providers  
1.800.793.8626 for a list of providers near you  
ALA Code: Plan # 9242892



*We were very happy to find out we saved over \$200 on our daughter's eyeglasses through LensCrafters because of her Junior Auxiliary membership.*  
Barbara Klein - Unit 2 Shakopee, Minnesota

#### Jenny Craig

Free 30 Day Program\*  
25% off 6 month Program\*  
20% off 1 year Premium Success Program\*  
*\*plus the cost of food*  
Print coupon from Web site below to receive discounts  
1.800.96.JENNY  
www.jennycraig.com/CorporateChannel/ala.aspx



#### Careington Dental

Discounted price of \$9.95 per month (\$90 annually)  
Choose from 62,000 participating dentists  
1.866.222.2558  
ALA Code: ALAPCO7



#### Beltone Hearing Aids

15% discount off regular list price hearing aids  
Free annual electronic hearing evaluations  
1.800.235.8663



### TRAVEL

#### American Legion Auxiliary Travel

Book your travel where it counts - airfare, hotels, car rentals, tours, cruises and more  
www.ALATravels.com



#### Collette Vacations

Group Tours  
<http://partners.collettevacations.co/index.cfm>



#### Alamo Rental Car

Discounts of up to 20% and unlimited mileage  
24 hour advance reservations required  
1.800.354.2322  
www.alamo.com  
ALA Code: ID# ALAUX



#### Wyndham Hotel Group

1.877.670.7088  
<http://tr.triprewards.com>  
*Click on the word Book in the upper right hand corner and input code.*  
ALA Code: 1000002807



### REAL ESTATE

#### North American Van Lines

50% or more on interstate moving  
1.800.524.5533  
<http://legion-aux.myhomebenefits.com>  
[movingvalue@comcast.net](mailto:movingvalue@comcast.net)



#### Allied Van Lines

1.800.871.8864  
<http://legion-aux.myhomebenefits.com>  
[AlliedMoving@verizon.net](mailto:AlliedMoving@verizon.net)



#### Auxiliary Home Benefits

50% or more on interstate moving  
Real Estate Expert 866.440.3483  
Mortgage Expert 866.440.3483  
<http://legion-aux.myhomebenefits.com>



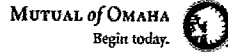
Please use the ALA codes to receive your member discounts. Certain discounts may not be available in all areas and at all times. Contact your unit president or department headquarters with questions.

## INSURANCE

**Accident Insurance**  
**The Hartford**  
1.866.345.6930



**Cancer Insurance**  
**Mutual of Omaha**  
1.800.598.5877



**Funeral/Final Expenses**  
**Tribute Direct Funeral Emergency Plan**  
Upgrade your complimentary enrollment to  
Funeral Protection Plan for only \$29.95  
1.866.878.3581



**Cash when you're hospitalized**  
**Physicians Mutual**  
1.800.555.7642  
ALA Code: American Legion Auxiliary



**Life Insurance**  
**Physicians Mutual**  
1.800.555.7542  
ALA Code: American Legion Auxiliary



**Long Term Care**  
**Genworth**  
1.888.436.9678



**Medicare Supplement**  
**TransAmerica Affinity**  
1.800.749.6983



**GE/Union Fidelity**  
**current policy holders only**  
1.800.523.5758

## Your ALA - The benefits of belonging

In addition to benefits provided by vendors,  
members also receive the following:

**Auxiliary magazine**  
Free subscription to this quarterly  
publication that features news for  
and about our members



**Scholarships**  
Opportunity to apply for various  
educational scholarships

**Auxiliary Emergency Fund**  
Eligible to apply for emergency assistance once  
three consecutive years of membership are  
maintained

**National Meetings**  
Option to attend the annual national meetings of  
the Auxiliary; National Convention held in  
August in various cities across the U.S. and  
Awareness Assembly held in early spring in  
Washington, D.C.

## TECHNOLOGY

**ALA Wireless Solutions**  
www.alawireless.com



*I used the member discounts to purchase a wireless phone. I chose from several carriers, plus the activation and shipping were free. My first phone was too difficult, but I was able to return it free of charge and receive another one which I do like. I am happy with my choice and the service from the Auxiliary benefits.*

Billie Crosby, Unit 211 Lompoc, California

**Dell Computers**  
Savings on computers and software  
1.877.289.9437  
www.dell.com/epp/flyer  
ALA Code: CS711278890



**Dish Network TV**  
Reduced installation fees  
1.866.534.4669  
www.legiondish.com  
ALA Code: American Legion Auxiliary



**CA Affinity Long Distance**  
4.5 cents per minute  
1.800.964.3863  
ALA Code: American Legion Auxiliary



## FREE WAY TO GIVE BACK - DID YOU KNOW?

You can support the Auxiliary Foundation when you search or shop online. How? By using GoodSearch and GoodShop, each mouse click earns \$ for the ALA Foundation, a 501(c)(3) public benefit corporation that supports the Auxiliary's programs. Gifts today ensure the continued care of veterans and their families tomorrow. Imagine the free money the ALA Foundation could raise if we all used GoodSearch and GoodShop. It's so simple!

**When searching the Internet** use GoodSearch.com (powered by Yahoo).  
Type American Legion Auxiliary Foundation in the dropdown box labeled:

**WHO DO YOU GOODSEARCH FOR?**

**When shopping online** use GoodShop.com  
Type American Legion Auxiliary Foundation in the dropdown box labeled:

**WHO DO YOU SUPPORT?**

Then, shop at the stores listed and earn money for the Auxiliary Foundation!



American Legion Auxiliary National Headquarters

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) / / PUFLL 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 section below

Date Application Submitted to Unit Secretary / /



Name: Tel #: Address: City: State: Zip:

Indicate Payment Method:

Check or Money Order - - Make payable to: National Treasurer, American Legion Auxiliary MasterCard Card # Expiration date: Visa Card # 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 PUFLL 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 her current dues to the Unit before she is eligible to purchase a PUFLL 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 #: - -

Note: Send this form, along with payment to:

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

American Legion Auxiliary, National Headquarters ATTN: Membership Division - PUFLL 8945 North Meridian Indianapolis, IN 46260

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 her life. After January 1, a member whose dues are not paid for the current year is delinquent and such member must pay her current dues to the Unit before becoming eligible to purchase a PUFL membership. If a member pays her dues in advance and later decides she wants 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. Payment or charge card information must be provided before the application can be processed. Make check or money order payable to: National Treasurer, American Legion Auxiliary. See the rate chart or calculation below for payment due.

The UNIT SECRETARY must: 1) certify that applicant has paid current year dues; 2) complete and sign the second section of the application; 3) send the fully completed application, along with payment, to the address listed on the reverse.

**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 her 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 will receive the same amount each year as long as the member lives and remains a member of that Unit. The member will continue to receive an annual membership card each year.

**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 rate chart or calculation 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 \$12.50, the cost of your PUFL membership is \$268.00.

If your dues amount is higher than \$50.00, you can find a continuation of the PUFL rate chart in the Member section of the ALA National Headquarters website.

**NOTE:** For members under age 18, find the PUFL rate for 18-24 age range for your Unit dues amount. To that amount, add \$2.00 for each year of age preceding 18<sup>th</sup> birthday.

For example, the total PUFL fee for an 11-year-old member whose Unit dues are \$25.00 would be \$916.

\$25 dues for 18-24 = \$902 + \$14 (7 years preceding 18<sup>th</sup> birthday x \$2) = \$916.00

FEE RATE CHART Paid Up For Life		Effective July 1, 2010							
Rate of Annual Dues	AGE WHEN SINGLE PAYMENT MADE								
	18 to 24	25 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 & over	
Up to 10.00	382.00	364.00	346.00	309.00	264.00	211.00	155.00	102.00	
11.00	416.00	397.00	378.00	337.00	288.00	230.00	169.00	111.00	
12.00	451.00	430.00	409.00	365.00	312.00	249.00	183.00	120.00	
13.00	486.00	463.00	440.00	393.00	336.00	268.00	197.00	129.00	
14.00	521.00	497.00	472.00	421.00	360.00	287.00	211.00	139.00	
15.00	555.00	530.00	503.00	449.00	383.00	306.00	225.00	148.00	
16.00	590.00	563.00	535.00	477.00	407.00	325.00	240.00	157.00	
17.00	625.00	596.00	566.00	506.00	431.00	344.00	254.00	166.00	
18.00	659.00	629.00	598.00	534.00	455.00	364.00	268.00	176.00	
19.00	694.00	662.00	629.00	562.00	479.00	383.00	282.00	185.00	
20.00	729.00	695.00	661.00	590.00	503.00	402.00	296.00	194.00	
21.00	763.00	728.00	692.00	618.00	527.00	421.00	310.00	203.00	
22.00	798.00	761.00	724.00	646.00	551.00	440.00	324.00	213.00	
23.00	833.00	794.00	755.00	674.00	575.00	459.00	338.00	222.00	
24.00	868.00	828.00	787.00	702.00	599.00	478.00	352.00	231.00	
25.00	902.00	861.00	818.00	730.00	623.00	498.00	366.00	240.00	
26.00	937.00	894.00	849.00	758.00	647.00	517.00	380.00	250.00	
27.00	972.00	927.00	881.00	786.00	671.00	536.00	395.00	259.00	
28.00	1006.00	960.00	912.00	815.00	695.00	555.00	409.00	268.00	
29.00	1041.00	993.00	944.00	843.00	719.00	574.00	423.00	277.00	
30.00	1076.00	1026.00	975.00	871.00	743.00	593.00	437.00	286.00	
31.00	1110.00	1059.00	1007.00	899.00	767.00	612.00	451.00	296.00	
32.00	1145.00	1092.00	1038.00	927.00	791.00	632.00	465.00	305.00	
33.00	1180.00	1125.00	1070.00	955.00	815.00	651.00	479.00	314.00	
34.00	1215.00	1159.00	1101.00	983.00	839.00	670.00	493.00	323.00	
35.00	1249.00	1192.00	1133.00	1011.00	863.00	689.00	507.00	333.00	
36.00	1284.00	1225.00	1164.00	1039.00	887.00	708.00	521.00	342.00	
37.00	1319.00	1258.00	1195.00	1067.00	911.00	727.00	535.00	351.00	
38.00	1353.00	1291.00	1227.00	1095.00	935.00	746.00	550.00	360.00	
39.00	1388.00	1324.00	1258.00	1123.00	959.00	766.00	564.00	370.00	
40.00	1423.00	1357.00	1290.00	1152.00	983.00	785.00	578.00	379.00	
41.00	1457.00	1390.00	1321.00	1180.00	1007.00	804.00	592.00	388.00	
42.00	1492.00	1423.00	1353.00	1208.00	1031.00	823.00	606.00	397.00	
43.00	1527.00	1456.00	1384.00	1236.00	1055.00	842.00	620.00	407.00	
44.00	1562.00	1490.00	1416.00	1264.00	1079.00	861.00	634.00	416.00	
45.00	1596.00	1523.00	1447.00	1292.00	1103.00	880.00	648.00	425.00	
46.00	1631.00	1556.00	1479.00	1320.00	1126.00	899.00	662.00	434.00	
47.00	1666.00	1589.00	1510.00	1348.00	1150.00	919.00	676.00	444.00	
48.00	1700.00	1622.00	1542.00	1376.00	1174.00	938.00	690.00	453.00	
49.00	1735.00	1655.00	1573.00	1404.00	1198.00	957.00	705.00	462.00	
50.00	1770.00	1688.00	1604.00	1432.00	1222.00	976.00	719.00	471.00	

**AMERICAN LEGION AUXILIARY  
MEMBERSHIP - PLAN OF ACTION - 2011-2012  
“LEAP TO SUCCESS” THROUGH MEMBERSHIP**

President Diane’s theme for 2011-2012 is “Leap to Success”. With this theme in mind, we will be striving to make membership a priority. The American Legion Auxiliary’s success is dependent on MEMBERSHIP.

National Membership Chairman Trish Ward has as our objective “One Wildly Important MEMBERSHIP Goal (WIG)”. “Through mission delivery, the American Legion Auxiliary will become so appealing to people that care about veterans that membership will increase.”

This year we are encouraging you to show pictures of the veteran(s) you qualified under as part of your membership campaign. It is important to remember who we are here for. Work together as a team – Units, Districts, Departments and National to recruit and maintain members.

Together as a Team we can make the Department of Florida the best in the Nation. We will Celebrate the good times –come on. It’s Membership! It lasts throughout the Year.

Membership Pledge of Purpose: “I pledge a promise to the team of the American Legion Auxiliary. One mission of Service not Self, United in purpose, for commitment to veterans and their families for God and Country.”

**Sandy Beasley – Department Chairman  
MembershipChairman@alafll.org 407-247-2658**

## District Teams

<b>**DISTRICT SONG **</b>	<b>** COLORS **</b>	<b>** NICKNAME **</b>
<b>1- It's 5 O'Clock Somewhere</b>	<b>Yellow &amp; Lime Green</b>	<b>Watchers</b>
<b>2- Banana Boat Song</b>	<b>Yellow &amp; Dark Blue</b>	<b>Skins</b>
<b>3- Ride the Wild Surf</b>	<b>Green &amp; Red</b>	<b>Wild Things</b>
<b>4- Son of a Son of a Sailor</b>	<b>Green &amp; Orange</b>	<b>Sailors</b>
<b>5- Kokomo</b>	<b>Yellow &amp; Black</b>	<b>Chillers</b>
<b>6- Jammin</b>	<b>Yellow &amp; Red</b>	<b>Jammers</b>
<b>7- Changes in Latitude</b>	<b>Green &amp; Yellow</b>	<b>Tudes</b>
<b>8- Under the Boardwalk</b>	<b>Green &amp; Pink</b>	<b>UTBers</b>
<b>9- Fins</b>	<b>Yellow &amp; Green</b>	<b>Fins</b>
<b>11- Surfin' USA</b>	<b>Yellow &amp; Orange</b>	<b>Surfers</b>
<b>12- Volcano</b>	<b>Green &amp; Gold</b>	<b>Big V's</b>
<b>13- A Pirate Looks at Forty</b>	<b>Green &amp; Black</b>	<b>Pirates</b>
<b>14- Summer Breeze</b>	<b>Yellow &amp; Turquoise</b>	<b>Cool- Breezers</b>
<b>15- Maryanne</b>	<b>Yellow &amp; Purple</b>	<b>Sifters</b>
<b>16- Cheeseburger in Paradise</b>	<b>Green &amp; Teal</b>	<b>Cheese-Heads</b>
<b>17- Key Largo</b>	<b>Green &amp; Silver</b>	<b>Keyettes</b>

**\*\* The theme is "Frog", Beach Football - so beachy attire - Hawaiian shirts are perfect.**

- 1. PDP's are Cheerleaders - "Monday Night Football Song" - Key West Attire**
- 2. Department Officers, Department Chairmen and Honorary Department Junior Officers are Officials - "Who Let the Frogs Out" - Hawaiian - Beachy Attire plus black Officials'/Umpires' Visors**

### TOUCHDOWN STRATEGIES:

- 1. Kick-off return                      55 yard line                      September 28, 2011 - 55%**
- 2. Quarterback Keeper                70 yard line                      January 25, 2012 - 70%**
- 3. The Bomb                                85 yard line                      March 28, 2012 - 85%**
- 4. Touchdown                              End Zone                          May 24, 2012 - 100%**
- 5. GAME BALL                      Any Unit with 103% or better at Close of Books!  
(Close of Books is May 24, 2012)**

**Department of Florida  
2011 – 2012  
Membership Dates and Recognition**

***Pre-Game Goals:***

55% - September 28, 2011

70% - January 25, 2012

85% - March 28, 2012

100% - 103% or more - May 24, 2012 Close of Books

***Training Camp:***

“Boot Camp” for Department Chairmen is July 22-24, 2011.

***Coaches’ Meeting:***

Membership breakfast for District Presidents and District Membership Chairmen, Department Officers and Department Membership Committee will be held at Department Workshop being held August 12-14, 2011.

***Kick-Off:***

District Schools of Instruction to be held in August and September.

***Pep Rally:***

Fall Conference is November 18-20, 2011. Each District will have a cheer for the Pep Rally. WHICH district will win the “SPIRIT” Award?

***END ZONE CELEBRATION:***

**100% pins will be given to all Unit Presidents and Unit Membership Chairmen for reaching the End-Zone. All District Presidents and District Membership Chairmen will also receive a 100% pin. All Units at 100% at close of books will receive a ribbon.**

**103% or better at close of books will receive a GAME BALL!**

## **Membership Song 2011-2012**

(to the tune of "Celebrate")

Get er done! It's membership.  
Get er done! It's membership.

Cel-e-brate good times – come on!-- It's membership.  
Cel-e-brate good times – come on!-- It's membership.

There's a party going on right here – it's membership/  
It lasts throughout the year. So bring a good pen and a good at-ti-tude  
We'll be a hundred percent -- when this year is through.  
Come on now – mem-ber-ship

Let's all celebrate and have a good time – mem-ber-ship//

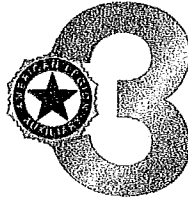
We're gonna work it hard and get new members too!!

It's time to work to-gether, it's up to you// let's make it hap-pen – every-  
one a-round the state – come on//

Get er done! It's membership.  
Get er done! It's membership.

There's a party going on right here – it's membership -  
It lasts throughout the year. So bring a good pen and a good at-ti-tude.  
We'll be a hundred percent – when this year is through  
Come on now – mem—ber--ship

We're gonna have a good time this year, let's work it hard—a hun-dred  
per-cent (REPEAT)



# RECRUIT 3 – RENEW 3

## ENTRY FORM

*(Please Type or Print Legibly)*

Unit \_\_\_\_\_

Recruiter's Department: \_\_\_\_\_

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

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

### Names of *New* senior members Recruited:

*Form submitted with less than 3 certified names will be disqualified.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Names of senior members Renewed:

*Form submitted with less than 3 certified names will be disqualified.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### UNIT VERIFICATION

DEPARTMENT: \_\_\_\_\_ UNIT # \_\_\_\_\_

I have verified that the above named new members have been recruited and applications have been completed and processed.

I have verified that the dues of above named renewed members have been received and processed.

Unit Secretary printed name: \_\_\_\_\_

Unit Secretary signature (*required*): \_\_\_\_\_

Dept Secretary printed name: \_\_\_\_\_

Dept Secretary signature (*required*): \_\_\_\_\_

**National Headquarters must receive form by May 1, 2012**



ANY MODIFICATION TO THIS AWARD FORM WILL NOT BE ACCEPTED AS AN ELIGIBLE ENTRY.



# SILVER BRIGADE

An Auxiliary member who recruits 25 or more new Senior Members will qualify for enrollment in the Silver Brigade of the American Legion Auxiliary.  
Certification forms must be received by National Headquarters no later than June 1, 2012.

## CERTIFICATION FORM

*Please type or print legibly*

Recruiter's Name: \_\_\_\_\_

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

Recruiter's Dept: \_\_\_\_\_ Unit #: \_\_\_\_\_

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

### Names of TWENTY-FIVE *New* Senior Members recruited:

*NOTE: Forms submitted with less than 25 certified names will be disqualified.*

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ |           |

***Certified by:***

Unit Secretary printed name: \_\_\_\_\_ Unit # \_\_\_\_\_

Unit Secretary Signature (*required*): \_\_\_\_\_

Unit President printed name: \_\_\_\_\_

Unit President Signature (*required*): \_\_\_\_\_

Dept. Secretary printed name: \_\_\_\_\_ Dept: \_\_\_\_\_

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

Silver Brigade Award  
 American Legion Auxiliary NHQ  
 ATTN: Membership Division  
 8945 North Meridian St  
 Indianapolis, IN 46220

**Forms must be received in National Headquarters by June 1, 2012.**

*This form may be duplicated.*



Units that exemplify Service not Self, promote harmony in the Unit, are inclusive and welcoming to all members, accept/adapt to change, and engage new/current members will be awarded the National President's Service Not Self citation, receive a special gift from the National President and be recognized at National Convention. An article and photo, if provided, of winning Units will be published in the national magazine and on the national website. Please help us honor and congratulate all Units that demonstrate our motto of *Service Not Self*.

**Guidelines:**

Complete this nomination form

Attach a narrative on how the Unit's *Service Not Self* attitude - how they welcome new members, engage current and new members, manage disagreements/conflicts, accept/adapt to change - has helped them maintain and/or grow membership.

Form must be signed by the Department Secretary to validate that Unit has maintained 2010 membership.

Form and narrative must be received in National Headquarters no later than April 15, 2012.

**NOMINATION FORM**  
*Please type or print legibly*

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

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

In your narrative, answer the following questions:

1. How does Unit use mission outreach programs (VA&R, Poppy, Children & Youth, Girls State, etc.) to attract new members?
2. In what ways does Unit welcome new members?
3. In what specific ways does the Unit engage current and new members?
  - a. How does Unit make sure all interested members are included in Unit activities?
  - b. How does Unit ensure members are offered opportunities to participate that are suited to their time and talents?
  - c. How does unit express positive expectations, empower and encourage members' success?
4. The 2009 member survey identified unit disharmony, gossip, cliques, criticism and discrimination as major problems that discourage many members from renewing and others from joining.
  - a. How does Unit: 1) minimize these problems, 2) manage disagreements and conflicts, 3) show gratitude and 4) promote harmony among its members?
5. Does Unit solicit and encourage new ideas from members?
  - a. How readily are new ideas accepted and how quickly are they considered for implementation?
6. In what other ways does Unit demonstrate a *Service Not Self* attitude?
  - a. Within the Unit and Department
  - b. Within the Community and State
7. Did Unit use any other methods, techniques or activities to maintain 2010 membership level?

Unit's 2010 membership at 12/31/10 \_\_\_\_\_

Unit's 2011 membership at 12/31/11 \_\_\_\_\_

***Certified by:***

Dept. Secretary printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Units: forward completed form, with narrative attached, to your Department Headquarters.

Depts: National Headquarters must receive the completed nomination form no later than April 15, 2012.

Please send to:  
Membership Division  
ATTN: Silver Brigade.

*Form may be duplicated.*