



2014-2015

RECRUIT 1 New Member

ENTRY FORM

(Please Type or Print Legibly)

Recruiter's Unit # _____

Recruiter's Dept: _____

Recruiter's Name: _____ Recruiter's Member ID#: _____

Recruiter's Address: _____

Recruiter's Email Address: _____

Recruiter's Phone Number: _____

Name of New Auxiliary member recruited: _____

UNIT VERIFICATION

DEPARTMENT: _____ UNIT # _____

I have verified that the above named new member has been recruited and that the application has been completed and processed.

Unit Secretary printed name: _____

Unit Secretary signature (*required*): _____

Unit Secretary's email: _____ phone #: _____

Note: TAL and SAL members also eligible to receive this award

Submit Completed Forms To:
American Legion Auxiliary National Headquarters
Attn: Membership Division
8945 N. Meridian St., Ste. 200
Indianapolis, IN 46260



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

Forms must be received in National Headquarters by May 1, 2015 to receive button.
Only one entry/one button per recruiter.