

**AMERICAN LEGION AUXILIARY**

**ALAMIS Invoice**

UNIT # \_\_\_\_\_ Unit Town \_\_\_\_\_ DATE \_\_\_\_\_

DISTRICT# \_\_\_\_\_

COUNTY \_\_\_\_\_

MAIL TO: NAME, ADDRESS, PHONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

Qty		Amount Due
1	2017-2018 ALAMIS yearly Membership  Unit Membership for ALAMIS	\$10.00

**CHECK NUMBER** \_\_\_\_\_

**Please do not staple check to this form. Mail to: American Legion Auxiliary, 720 Lyon St, Des Moines, Iowa, 50309.**