

AMERICAN LEGION AUXILIARY, DEPARTMENT OF IOWA

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PLEASE RETURN TO THE DEPARTMENT OFFICE BY JUNE 15. THANK YOU!
(Please type or print.) The following information will be used for office records.

TITLE _____ YEAR SERVING _____

Preferred First Name _____

Last Name _____

Miss _____ Ms. _____ Mrs. _____ Husband's First Name _____

MAILING ADDRESS:

(Street, P.O. Box, or RR #)

(City)

(State)

(Zip)

UPS DELIVERY ADDRESS IF DIFFERENT FROM ABOVE:

(Street name and house number)

(City)

(State)

(Zip)

HOME PHONE (_____) _____

WORK PHONE (_____) _____

FAX (_____) _____

E-MAIL _____

UNIT AFFILIATION: _____

(Town Name and Unit Number)

If different from above:

WINTER MAILING ADDRESS: _____

WINTER UPS DELIVERY ADDRESS: _____

WINTER PHONE NUMBER: (_____) _____

WINTER E-MAIL _____

Please advise the office, in writing, of any changes in NAME, ADDRESS, E-MAIL or PHONE NUMBER. Thank you.

