MEMBERSHIP SHIELD ORDER FORMS

I request the following members to receive the designated year Membership Shield according to Their continuous membership years, with the approval of Department.

Please include a check to cover the cost of the shields which are $8.00 each, Make check out to: American Legion Auxiliary Department Headquarters, Mail to :

600 Ellis Blvd., Jefferson City, MO 65101-2204 Unit # _____

Name	Membership #	5	10	15	20	25	30	35	40	45	50	55	60	65	70
Signed: Unit President		Signed: Unit Secretary													

Name & Address of person to receive Shields:

Name: _____

Street:_____

City/Zip Code:_____

Date Rcvd _____ Payment Type _____ Date Processed by receiving party _____

Revised July 2020