

# TEXALPA / NALPA

## MEMBERSHIP APPLICATION

FULL NAME: \_\_\_\_\_  
*FIRST MI LAST*

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
*CITY STATE ZIP*

YOUR EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LEGION/AUXILIARY/SAL MEMBERSHIP #: \_\_\_\_\_

POST/UNIT/SQUADRON #: \_\_\_\_\_

I AM A MEMBER OF THE FOLLOWING:  AL  AUX  SAL

*Check Boxes Below That Apply*

THIS IS FOR:  New TEXALPA Membership \$5  Renew TEXALPA Membership \$5

New NALPA Membership \$15  Renew NALPA Membership \$15  NALPA Pin \$7.50

Make Check Payable To: TEXALPA (*For Everything*)

Mail To: TEXALPA  
c/o Cyndi Miller  
9213 Sage Grove Ct.  
Temple, TX 76502

PLEASE ENTER Membership Year: 20\_\_\_\_\_

The TEXALPA membership year is from **August 1 through July 31**.  
The NALPA membership year is from **September 1 through August 31**.