

TRANSMITTAL #: _____



American Legion Auxiliary
Department of Washington
PO Box 5867
Lacey, WA 98509-5867

UNIT #: _____

MEMBERSHIP YEAR: 2017-2018__

FOR OFFICE USE ONLY
NAT'L TRANS.# _____

MEMBERSHIP TRANSMITTAL

DATE: _____

UNIT NAME: _____ UNIT #: _____ DISTRICT: _____

SECRETARY/MEMBERSHIP NAME: _____ PHONE #: _____

ADDRESS: _____ CITY/ZIP: _____

_____ **NEW** Senior Members at \$31/each TOTAL: \$ _____

_____ Senior Renewals at \$31/each TOTAL: \$ _____

_____ **NEW** Junior Members at \$4/each TOTAL: \$ _____

_____ Junior Renewals at \$4/each TOTAL: \$ _____

DEBIT/CREDIT MEMO(S) AMOUNT: \$ _____

CHECK #: _____ TOTAL AMOUNT: \$ _____

UNIT TOTALS	
Last transmitted total membership	_____
# of Seniors	_____
# of Juniors	_____
# of PUFL's	_____
# Paid Online	_____
Total to date	_____

*PLEASE ALPHABETICALLY LIST THE NAMES OF THE RENEWING MEMBERS AND THEIR MEMBERSHIP NUMBER.

*PLEASE INCLUDE A COPY OF ALL NEW MEMBER APPLICATIONS YOU ARE SUBMITTING WITH THIS TRANSMITTAL.

<u>Last Name</u>	<u>First Name</u>	<u>Member # / Class (SR, JR, PUFL)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

