TRANSMITTAL #: _____

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

UNIT #:_____

MEMBERSHIP YEAR: _____

(xx-10 indicates unknown transmittal number ex T19-10.)

_____(yr) MEMBERSHIP TRANSMITTAL

DATE: _____

UNIT NAME: _____ UNIT #: _____ DISTRICT: _____

SECRETARY/MEMBERSHIP NAME:_____ PHONE #: _____

ADDRESS: _____ CITY/ZIP:_____

Must be completed by unit.

_____ Senior Renewals at $44/each TOTAL: $ _____

_____ New Seniors at $44/each TOTAL: $ _____

_____ Junior Renewals at $6/each TOTAL: $ _____

_____ New Juniors at $6/each TOTAL: $ _____

SUBTOTAL: $ _____

CHECK #: _____ TOTAL AMOUNT: $ _____

UNIT TOTALS	
Last Transmitted Total Membership	_____
# of Seniors	_____
# of Juniors	_____
# of PUFL's	_____
# Paid Online	_____
Total to Date	_____

Due to costs incurred at ALA Department for the use of credit cards, we are now charging an additional 3.51% to the total amount that you are paying.
This will be included in the amount that we process on the card.

PLEASE ALPHABETICALLY LIST THE RENEWING MEMBERS AND THEIR MEMBERSHIP NUMBER, USING HEADINGS TO SEPARATE CLASSES AND INCLUDE ALL NEW MEMBER APPLICATIONS YOU ARE SUBMITTING WITH THIS TRANSMITTAL.
CLASSES ARE **H**ONORARY, **J**R, **N**EW, **O**NLINE, **P**UFL, **R**ENEWALS AND **S**R.

Class	Last Name	First Name	Member #

Class	Last Name	First Name	Member #