TRANSMITTAL #: _____

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

UNIT #:_____

MEMBERSHIP YEAR: _____

2024
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	_____

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 #