DATE: _____

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

Membership Year: _____

TRANSMITTAL #: _____

2027 MEMBERSHIP TRANSMITTAL

UNIT #: _____ DISTRICT:_____

PREPARER'S NAME:_____

CONTACT PHONE #:_____ EMAIL:_____

OR PHYSICAL ADDRESS:_____CITY:_____ZIP:_____

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

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

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

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

CHECK #: _____ TOTAL AMOUNT: $ _____

UNIT Total Tracker	
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 be aware that we will reject the transmittal if the monetary amount is incorrect.
Please review 'Transmittal Instructions ' prior to filling out this form.
For assistance, please contact the Department office at 360.456.5995 if uncertain.

Heading	Last Name	First Name	Member #

Heading	Last Name	First Name	Member #