

TRANSMITTAL #: \_\_\_\_\_



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

UNIT #: \_\_\_\_\_

MEMBERSHIP YEAR: \_\_\_\_\_

# MEMBERSHIP TRANSMITTAL

DATE: \_\_\_\_\_

UNIT NAME: \_\_\_\_\_ UNIT #: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

SECRETARY/MEMBERSHIP NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

_____ Senior Renewals at \$31/each	TOTAL: \$ _____
_____ New Seniors at \$31/each	TOTAL: \$ _____
_____ Junior Renewals at \$4/each	TOTAL: \$ _____
_____ New Juniors 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 RENEWING MEMBERS AND THEIR MEMBERSHIP NUMBER,  
AND INCLUDE 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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