

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

| Membership Year | · |
|-----------------|---|
| TRANSMITTAL #: | |

2026 MEMBERSHIP TRANSMITTAL

UNIT #: _____ DISTRICT:_____

| NTACT PHO | ONE #: | EMAIL: | |
|-----------|--|---|--|
| PHYSICAL | ADDRESS: | CITY: | ZIP: |
| | Senior Renewals at \$44/each | TOTAL: \$ | UNIT Total Tracke |
| | New Seniors at \$44/each | TOTAL: \$ | Last Transmitted |
| | Junior Renewals at \$6/each | TOTAL: \$ | |
| | New Juniors at \$6/each | TOTAL: \$ | # of Juniors |
| | | | # of PUFL's |
| | CHECK #• | TOTAL AMOUNT: \$ | # Paid Online |
| | CHECK #: | TOTAL AMOUNT: \$ | Total to Date |
| Due to co | 3.51% to the This will be included Please be aware that we will re Please review 'Transn | t for the use of credit cards, we as total amount that you are paying in the amount that we process or ject the transmittal if the monetary anittal Instructions ' prior to filling out at the Department office at 360.456.5 | re now charging an additiong. In the card. I this form. |
| Due to co | 3.51% to the This will be included Please be aware that we will re Please review 'Transn For assistance, please contact | total amount that you are paying in the amount that we process or ject the transmittal if the monetary anittal Instructions 'prior to filling out | re now charging an addition g. n the card. amount is incorrect. this form. |
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| <u>Heading</u> | <u>Last Name</u> | First Name | Member # |
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