DATE: _____

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

Membership Year: _____

TRANSMITTAL #:_____

2025 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	_____

PLEASE ALPHABETICALLY LIST THE MEMBERS AND THEIR MEMBERSHIP NUMBERs,
USE HEADINGS (New, Renewal or Online), LIST CLASSES (Sr, Jr, PUFL or Honorary).
INCLUDE ALL NEW MEMBER APPLICATIONS WITH THIS TRANSMITTAL. (signatures are required)

	Last Name	**First Name**	**Member #**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Name	First Name	Member #