**Unit # District #**

**Office use only/Rcvd**



**2026 MEMBERSHIP TRANSMITTAL FORM**

 **Mail to:** American Legion Auxiliary  **Phone:** (405) 252-4143

Department of Oklahoma

PO Box 14562

Oklahoma City, OK 73113

**Be sure to mail Membership Cards to your PUFL Members as soon as possible.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MEMBERSHIP #**  ***(if new, leave blank)*** | **LAST NAME**  ***(list in alphabetical order)*** | **FIRST NAME** | **NEW/SR/JR** | **SR $ 32.00**  **JR $ 5.50** |
| 1 |  |  |  |  | **$** |
| 2 |  |  |  |  | **$** |
| 3 |  |  |  |  | **$** |
| 4 |  |  |  |  | **$** |
| 5 |  |  |  |  | **$** |
| 6 |  |  |  |  | **$** |
| 7 |  |  |  |  | **$** |
| 8 |  |  |  |  | **$** |
| 9 |  |  |  |  | **$** |
| 10 |  |  |  |  | **$** |
| 11 |  |  |  |  | **$** |
| 12 |  |  |  |  | **$** |
| 13 |  |  |  |  | **$** |
| 14 |  |  |  |  | **$** |
| 15 |  |  |  |  | **$** |
| 16 |  |  |  |  | **$** |
|  |  |  |  | **SUBTOTAL** | **$** |
|  |  |  | **BACK PAGE** | **TOTAL** | **$** |

**PLEASE COMPLETE THE FOLLOWING:**

**Check #**  **TOTAL** **$**



Date SignedTitle  Phone



Address City State Zip



***Make a copy for Unit records***

***Send a copy to District with District dues. 1***

**Unit # District #**

**Office use only/Rcvd**



**2026 MEMBERSHIP TRANSMITTAL FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MEMBERSHIP #**  ***(if new, leave blank)*** | **LAST NAME**  ***(list in alphabetical order)*** | **FIRST NAME** | **NEW/SR/JR** | **SR $ 32.00**  **JR $ 5.50** |
| 17 |  |  |  |  | **$** |
| 18 |  |  |  |  | **$** |
| 19 |  |  |  |  | **$** |
| 20 |  |  |  |  | **$** |
| 21 |  |  |  |  | **$** |
| 22 |  |  |  |  | **$** |
| 23 |  |  |  |  | **$** |
| 24 |  |  |  |  | **$** |
| 25 |  |  |  |  | **$** |
| 26 |  |  |  |  | **$** |
| 27 |  |  |  |  | **$** |
| 28 |  |  |  |  | **$** |
| 29 |  |  |  |  | **$** |
| 30 |  |  |  |  | **$** |
| 31 |  |  |  |  | **$** |
| 32 |  |  |  |  | **$** |
| 33 |  |  |  |  | **$** |
| 34 |  |  |  |  | **$** |
| 35 |  |  |  |  | **$** |
| 36 |  |  |  |  | **$** |
| 37 |  |  |  |  | **$** |
| 38 |  |  |  |  | **$** |
| 39 |  |  |  |  | **$** |
| 40 |  |  |  |  | **$** |
| 41 |  |  |  |  | **$** |
| 42 |  |  |  |  | **$** |
|  |  |  |  | **TOTAL** | **$** |

***2***