**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** |
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**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 #**

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**2026 MEMBERSHIP TRANSMITTAL FORM**

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| --- | --- | --- | --- | --- | --- |
|  | **MEMBERSHIP #*****(if new, leave blank)*** | **LAST NAME*****(list in alphabetical order)*** | **FIRST NAME** | **NEW/SR/JR** | **SR $ 32.00****JR $ 5.50** |
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