

Unit #

District #

Office use only/Rcvd

### 2025 MEMBERSHIP TRANSMITTAL FORM



**Mail to:** American Legion Auxiliary  
4143

**Phone:** (405) 252-

Department of Oklahoma  
PO Box 14562  
Oklahoma City, OK 73113

**Include all PUFL Members with your first mailing of 2025 membership.  
If PUFL members are deceased, return a Member Data form with supporting documents.**

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

**PLEASE COMPLETE THE FOLLOWING:**

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

Date                      Signed                      Title                      Phone

Address                      City                      State                      Zip

*Make a copy for Unit records*

Send a copy to District with District dues.

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**2025 MEMBERSHIP TRANSMITTAL FORM**

	<b>MEMBERSHIP #</b> <i>(if new, leave blank)</i>	<b>LAST NAME</b> <i>(list in alphabetical order)</i>	<b>FIRST NAME</b>	<b>PUFL / NEW</b> <b>SR / JR</b>	<b>SR \$ 32.00</b> <b>JR \$ 5.50</b>
17					\$
18					\$
19					\$
20					\$
21					\$
22					\$
23					\$
24					\$
25					\$
26					\$
27					\$
28					\$
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30					\$
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33					\$
34					\$
35					\$
36					\$
37					\$
38					\$
39					\$
40					\$
41					\$
42					\$
				<b>TOTAL</b>	\$ <input type="text"/>