



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

TRANSMITTAL #: _____

UNIT #: _____

MEMBERSHIP YEAR: _____

FOR OFFICE USE ONLY
 NAT'L TRANS.# _____

MEMBERSHIP TRANSMITTAL

DATE: _____

UNIT NAME: _____ UNIT #: _____ DISTRICT: _____

SECRETARY/MEMBERSHIP NAME: _____ PHONE #: _____

ADDRESS: _____ CITY/ZIP: _____

_____ **NEW** Senior Members at \$24/each TOTAL: \$ _____
 _____ Senior Renewals at \$24/each TOTAL: \$ _____
 _____ **NEW** Junior Members at \$4/each TOTAL: \$ _____
 _____ Junior Renewals at \$4/each TOTAL: \$ _____
 DEBIT/CREDIT MEMO(S) AMOUNT: \$ _____
 CHECK #: _____ TOTAL AMOUNT: \$ _____

UNIT TOTALS	
Last transmitted total membership	_____
# of Seniors	_____
# of Juniors	_____
# of PUFL's	_____
Total to date	_____

PLEASE ALPHABETICALLY LIST THE NAMES OF THE RENEWING MEMBERS AND THEIR MEMBERSHIP NUMBER.
 PLEASE INCLUDE A COPY OF THE ALL NEW MEMBER APPLICATIONS YOU ARE SUBMITTING ON THIS TRANSMITTAL.

_____	_____	_____
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