TRANSMITTAL #: _____

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

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 $20/each	TOTAL: $ _____	
_____ Senior Renewals at $20/each	TOTAL: $ _____	
_____ **NEW** Junior Members at $4/each	TOTAL: $ _____	
_____ Junior Renewals at $4/each	TOTAL: $ _____	
DEBIT/CREDIT MEMO(S)	AMOUNT: $ _____	
CHECK #: _____	TOTAL AMOUNT: $ _____	

Last transmitted total membership	_____
# of Seniors	_____
# of Juniors	_____
# of VIM's	_____
Total to date	_____

PLEASE LIST ALPHABETICALLY THE NAMES OF THE MEMBERS YOU ARE SUBMITTING WITH THIS TRANSMITTAL.
PLEASE INCLUDE THE NATIONAL AND DEPARTMENT STUBS FOR EACH MEMBER LISTED.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU NEED ADDITIONAL SPACE PLEASE USE ANOTHER TRANSMITTAL MARKED ACCORDINGLY.

RETAIN YELLOW COPY FOR UNIT AND SEND WHITE COPY WITH THE STUBS

TO DEPARTMENT HEADQUARTERS AT THE ABOVE ADDRESS.