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: $ _____

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.

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

RETAIN YELLOW COPY FOR UNIT RECORDS AND SEND WHITE COPY TO DEPARTMENT HEADQUARTERS AT THE ABOVE ADDRESS.