

IMPORTANT

LIST ALL NAMES OF MEMBERS AND MEMBER ID NUMBER ON THE BACK OF THE TRANSMITTAL FORM ALPHABETICALLY THAT ARE BEING CURRENTLY SENT IN ON THIS FORM.

DATE _____

UNIT NAME _____ **UNIT #** _____ **DISTRICT** _____ **CITY** _____

_____ SENIOR MEMBERS @ \$17.50 = _____

_____ JUNIOR MEMBERS @ \$2.50 = _____

TOTAL CARDS YEAR _____ TOTAL \$ MEMBERS = _____

VIM MEMBERS _____

TRANSFERS WITH DUES _____ WITHOUT DUES _____

1. MAKE SURE TO SEND APPLICATION WITH ALL NEW MEMBERS.
2. JUNIOR APPLICATIONS MUST HAVE A DATE OF BIRTH LISTED.
3. PUFL (VIM) APPLICATIONS ARE SENT TO NATIONAL HEADQUARTERS.
4. PLEASE PUT ALL PUFL (VIM'S) ON FIRST TRANSMITTAL FORM.
5. PLEASE PRINT ALL NAMES ON THE BACK SHEET AND SEND : DEPARTMENT: AMERICAN LEGION AUXILIARY 1314-B SW TOPEKA BLVD, TOPEKA KANSAS 66612-1817. 1-785-232-1396

SIGNED BY: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER- WORK () _____ HOME () _____ CELL () _____

E-MAIL ADDRESS _____

PAYMENT OF BACK DUES:

MEMBER ID# _____	NAME _____	YEAR TO BE PAID _____
MEMBER ID# _____	NAME _____	YEAR TO BE PAID _____
MEMBER ID# _____	NAME _____	YEAR TO BE PAID _____
MEMBER ID# _____	NAME _____	YEAR TO BE PAID _____
MEMBER ID# _____	NAME _____	YEAR TO BE PAID _____

TOTAL PAID FOR BACK DUES \$ _____

MUST BE SIGNED BY UNIT SECRETARY _____

AMERICAN LEGION AUXILIARY - TRANSMITTAL FORM

(PLEASE PRINT)

	YEAR PAYING	SR	JR	NEW	NAME (FIRST & LAST)	MEMBER ID #	DUES AMOUNT
1							
2							
3							
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