



American Legion Auxiliary

Department of Michigan
212 N. Verlinden Ave., Ste. B • Lansing, MI 48915
Phone: 517-267-8809 • Fax: 517-371-3698
info@michalaux.org • www.michalaux.org

*Serving Veterans,
Their Families and
Their Communities*

Please Print

UNIT TRANSMITTAL FORM

Please Print

THIS FORM MUST ACCOMPANY ALL MEMBERSHIP DUES.

Transmittal No.: _____ Membership Year: _____ Date: _____

Unit Name: _____ District No.: _____ Unit No.: _____

TOTAL JUNIORS: Renewals _____ @ \$ 3.00 = \$ _____

TOTAL JUNIORS: **NEW**** _____ @ \$ 3.00 = \$ _____

TOTAL SENIORS: Renewals _____ @ \$15.00 = \$ _____

TOTAL SENIORS: Rejoins _____ @ \$15.00 = \$ _____

TOTAL SENIORS: Transfers _____ @ \$15.00 = \$ _____

TOTAL SENIORS: **NEW**** _____ @ \$15.00 = \$ _____

TOTAL JUNIORS & SENIORS: _____ TOTAL AMOUNT ↓

ENCLOSED IS CHECK NUMBER _____ IN THE AMOUNT OF: \$ _____

****Please make certain that all membership applications are verified with a signature of an authorized member of the American Legion Post. Do not forget to write your Unit No. on the application.**

Please Print All Information Clearly!

YEAR TO DATE

Unit Membership: _____

PUFL Members: _____

TOTAL: _____

Print Name: _____

Signature: _____

Title: _____

Mail Address: _____

City, State, Zip: _____

Day Time Phone: (_____) _____

Email: _____

WHITE COPY:

Send to Department with Dues and a List of Members in Alphabetical Order of the names you are submitting on this form.

YELLOW COPY: Unit Files

Revised 6-1-12