

AMERICAN LEGION AUXILIARY -DEPARTMENT OF MICHIGAN

UNIT # _____

TRANSMITTAL LIST

DATE _____

For Use when transmitting membership in the place of highlighted copy of roster

1. Please put In Alphabetical order and include Jr member together with Srs
2. Group together any expired or former members who need to be Rejoined
3. List the names of new members in a separate group.
4. Skip a line in between the separate groups.

	Last Name	First Name	Member ID #	Junior/ Senior	New/Renew /Rejoin	Joined/ Renewed Online
1.						
2.						
3.						
4.						
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20.						