



American Legion Auxiliary Department of Michigan
 212 North Verlinden Avenue, Ste. B • Lansing, Michigan 48915
 Phone 517-267-8809 • Fax 517-371-3698
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Please Print **UNIT TRANSMITTAL FORM** Please Print

THIS FORM MUST ACCOMPANY ALL MEMBERSHIP DUES

Transmittal No.: _____ Membership Year: _____ Date: _____
 For 2019 Membership Year or later

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

TOTAL JUNIORS: Renewals _____ @ \$ 4.25 each = \$ _____

TOTAL JUNIORS: NEW** _____ @ \$ 4.25 each = \$ _____

TOTAL SENIORS: Renewals _____ @ \$20.00 each = \$ _____

TOTAL SENIORS: Rejoins _____ @ \$20.00 each = \$ _____

TOTAL SENIORS: Transfers _____ @ \$20.00 each = \$ _____

TOTAL SENIORS: NEW** _____ @ \$20.00 each = \$ _____

TOTAL JUNIORS & SENIORS _____ TOTAL \$ _____

LESS ANY CREDITS BEING USED - _____

ADD ANY DEBITS BEING PAID + _____

ENCLOSED 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: _____

Daytime Phone: (_____) _____

Email address: _____

WHITE COPY:

Send to Department with dues and a list of members you are submitting on this form in ALPHABETICAL order.

PINK COPY: Unit Files