American Legion Auxiliary Department of Michigan

212 N. Verlinden Ave, Ste. B • Lansing, Michigan 48915

517-267-8809 • www.michalaux.org

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**UNIT TRANSMITTAL FORM***For 2024 Membership Year or Later*

THIS FORM MUST ACCOMPANY ALL MEMBERSHIP DUES

Transmittal #: \_\_\_\_\_\_\_\_\_\_\_ Membership Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District #:\_\_\_\_\_\_\_\_\_\_ Unit #: \_\_\_\_\_\_\_\_\_

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

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

 TOTAL SENIORS: Renewals \_\_\_\_\_\_ @ $31.50 each = $\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL SENIORS: Rejoins \_\_\_\_\_\_ @ $31.50 each = $\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL SENIORS: Transfers \_\_\_\_\_\_ @ $31.50 each = $\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL SENIORS: NEW\*\* \_\_\_\_\_\_ @ $31.50 each = $\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL JUNIORS & SENIORS: \_\_\_\_\_\_ TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_

 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!

Please double check Unit records, the current Unit roster and previous transmittals to be sure the following members are not being paid: PUFL’s, members who paid online, members who were already paid on a previous transmittal. Incorrect transmittals will be returned.

Send this form to Department with dues payment and a list of members you are submitting payment for. The list must be in **ALPHABETICAL** order.

 Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHITE COPY:** Department

**PINK COPY:** Unit Files

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Revised 6.20.2023*