American Legion Auxiliary Department of Michigan
212 N. Verlinden Ave, Ste. B • Lansing, Michigan 48915
517-267-8809 • www.michalaux.org

UNIT TRANSMITTAL FORM

For 2025 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 $_____

LESS ANY CREDITS BEING USED -_____
(Please attach any credit memo received.)

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 Number on the application.*

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.

WHITE COPY: Department
PINK COPY: Unit Files

Please **PRINT** All Information Clearly!

Print Name:_____

Title: _____

Mailing Address: _____

City, State, Zip:_____

Phone: _____

Email Address:_____

Signature: _____

Revised 4.2024