



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 **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.

WHITE COPY: Department
PINK COPY: Unit Files

Print Name: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Signature: _____