AMERICAN LEGION AUXILIARY -DEPARTMENT OF MICHIGAN

DATE: _____ UNIT # _____

TRANSMITTAL# _____ MEM YR. _____

TRANSMITTAL LIST

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

1. Please put In Alphabetical order and include Jr. members together with Seniors.
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 between the separate groups.

	Last Name	First Name	Member ID #	Junior/ Senior	New/Renew/ Rejoin	Joined/ Renewed Online
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						