

AMERICAN LEGION AUXILIARY

UNIT TRANSMITTAL FORM

For use in UNIT transmitting membership dues using the card stubs.

Unit Name & # _____ County _____

Transmittal # _____ Date _____

Total **NEW SENIORS** this report: _____ @ \$ _____

Total **RENEWAL SENIORS** this report: _____ @ \$ _____

Total **NEW JUNIORS** this report: _____ @ \$ _____

Total **RENEWAL JUNIORS** this report: _____ @ \$ _____

TOTAL: _____ @ \$ _____

The following cards are sent with/without payment:

Total of **TRANSFERS** without dues _____

Total of **TRANSFERS** with dues _____

Total of VIM's without dues _____

Enclosed is check # _____ in the amount of \$ _____

Person making this report: Name _____

Address _____

Phone # _____

(Area Code)

Goal: _____ Paid: _____			Need: _____		
NAME	Sr/N	Sr/R	NAME	Jr/N	Jr/R
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		

NAME	Sr/N	Sr/R	NAME	Jr/N	Jr/R
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
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32			32		
33			33		
34			34		
35			35		
36			36		
37			37		

NAME	Sr/N	Sr/R	NAME	Jr/N	Jr/R
38			38		
39			39		
40			40		
41			41		
42			42		
43			43		
44			44		
45			45		
46			46		
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63			63		