**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK**

**MEMBERSHIP TRANSMITTAL FORM FOR THE 2023-2024 YEAR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | **Report Summary** | | | | **FOR OFFICE USE ONLY** |
| **Type** | **Qty.** | **PER CAPITA** | **AMOUNT PAID** | **RECEIVED:** |
| **Unit #:** | **Senior:**  **2024 DUES**  **(RENEWAL OR NEW/REJOIN)** |  | **$28.00** | **$** | **Name:** |
| **County:** |
| **Transmittal No.:** | **2023 AND ALL PRIOR YEARS** |  | **$20.00** | **$** | **Date** |
| **Transfer w/ Dues:** | **Junior** |  | **$ 6.25** | **$** |
| **Transfer w/o Dues:** | **ENTER CREDIT OR SHORT HERE =>** | | | **$** | **Transaction #** |
| **Check # and/or Credit Date:** | **TOTAL OWED TO DEPARTMENT:** | | | **$** |

**Make ONE check per transmittal- payable to ALA, Dept. of NY, Inc. and mail to the Department Office:**

**ALA, Dept. of NY; 1580 Columbia Turnpike, Bldg. #1, Suite 3; Castleton-On-Hudson, NY 12033**

**--COMPLETE INFORMATION BELOW FOR EACH MEMBER, ATTACH ADDITIONAL PAGES AS NEEDED--**

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| **MEMBERS** | | | **SENIORS** | | |  | **JUNIORS** | |
| **FULL NAME**  **(LAST, FIRST)**  **(ALPHABETICAL)** | | **MEMBER NO.**  **(LEAVE BLANK FOR**  **NEW MEMBERS ONLY)** | 2024  RENEWAL | WRITE THE WORD  NEW/REJOIN | 2023 & PRIOR YEARS |  | 2024  DUES | PRIOR  YEARS |
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**NAME: Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: Cell phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP TRANSMITTAL FORM FOR THE 2023-2024 YEAR, PAGE 2.**

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