

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK
MEMBERSHIP TRANSMITTAL FORM FOR THE 2025-2026 YEAR**

Date:		Report Summary				FOR OFFICE USE ONLY	
		TYPE	QTY	PER CAPITA	AMOUNT	RECEIVED:	
Unit #:		Senior: 2026 RENEWAL, NEW or REJOIN & 2025/ 2024				Name:	
County:							
Transmittal No.:		2023 AND ALL PRIOR YEARS		X \$20.00 =	\$	Date	
Transfer w/ Dues:		Junior		X \$6.25 =	\$		
Transfer w/o Dues:		ENTER CREDIT OR SHORT AMOUNT HERE =>			\$	Transaction #	
Check #:	Credit Date:	TOTAL OWED TO DEPARTMENT:			\$		

**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. DO NOT SUBMIT MORE THAN 55 MEMBERS PER TRANSACTION**

MEMBERS		SENIORS			JUNIORS	
FULL NAME (LAST, FIRST) (ALPHABETICAL)	MEMBER NO. ID#'S ARE REQUIRED FOR RENEWALS AND REJOINS	2026 RENEWAL @\$28 WRITE NEW/REJOIN	2025 or 2024 @\$28	2023 & PRIOR YEARS @\$20	2026 DUES	PRIOR YEARS
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NAME: _____ Phone: (____) _____ Email: _____
Address: _____

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	MEMBERS		SENIORS			JUNIORS	
	FULL NAME (LAST, FIRST) (ALPHABETICAL)	MEMBER NO. <small>ID#'S ARE REQUIRED FOR RENEWALS AND REJOINS</small>	2026 RENEWAL <small>@\$28 WRITE NEW/REJOIN</small>	2025 or 2024 <small>@\$28</small>	2023 & PRIOR YEARS <small>@\$20</small>	2026 DUES	PRIOR YEARS
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