

AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK
MEMBERSHIP TRANSMITTAL FORM FOR THE 2026-2027 YEAR

Date:		Report Summary				FOR OFFICE USE ONLY
		MEMBER TYPE	QTY	PER CAPITA	AMOUNT	RECEIVED:
Unit #:		Senior: 2027 FOR RENEWAL, NEW or REJOIN		X \$28.00 =	\$	Name:
County:		2024-2026 BACK DUES		X \$28.00 =	\$	
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 INFORMATION			SENIORS			JUNIORS	
FULL NAME (LAST, FIRST) (ALPHABETICAL)		MEMBER ID# ID#'S ARE REQUIRED FOR ALL RENEWALS AND REJOINS	2027 DUES @\$28 <u>WRITE</u> ONLY IF NEW OR REJOIN	2026, 2025, & 2024 @\$28	2023 & PRIOR YEARS @\$20	2027 DUES	ALL PRIOR YEARS
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NAME: _____ Phone: (____) _____ Email: _____
 Address: _____

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MEMBERS INFORMATION			SENIORS			JUNIORS	
FULL NAME (LAST, FIRST) (ALPHABETICAL)		MEMBER ID# ID#'S ARE REQUIRED FOR ALL RENEWALS AND REJOINS	2027 DUES @\$28 WRITE ONLY IF NEW OR REJOIN	2026, 2025, & 2024 @\$28	2023 & PRIOR YEARS @\$20	2027 DUES	ALL PRIOR YEARS
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