AMERICAN LEGION AUXILIARY

Date Rec'd: _____

Entered By: _____

Date Entered: _____

2027 Membership Transmittal

Unit#:	Location:	District:	Date:
Person Completing Form:			
Phone:	Email:		

Please list all members in alphabetical order via last name

***DO NOT** list any **PUFL** members or **on-line** dues payments*

	ID Number	Last Name	First Name	JR-$6.00	SR-$35.00	Back Dues	Back Dues Year
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Total # Members: _____ _____ _____

Total Amount of Dues Paid: _____

Minus Available Credit: _____

Total Check Amount: _____

Check# _____

Remit Dues to:
American Legion Auxiliary 20 W. 12th St., Room 314 St. Paul, MN 55155

Please Print Legibly… Thank you!