

AMERICAN LEGION AUXILIARY
DEPARTMENT OF IOWA
720 LYON STREET, DES MOINES, IOWA 50309
(515) 282-7987

MEMBERSHIP TRANSMITTAL SHEET

NAME: (CONTACT PERSON/MEMBERSHIP CHAIRMAN) _____

STREET OR P.O. BOX: _____

CITY/STATE/ZIP CODE: _____

AREA CODE DAYTIME PHONE NUMBER
(_____) _____

E-MAIL: _____

To process membership properly you must send in the following:

1. This Transmittal Form **MUST** be filled out **COMPLETELY**.
2. A check for the correct amount of members - Seniors and Juniors.
3. The roster with the date of the transmittal by each member's name and the member's name highlighted. You may just send the page(s) of the roster that has changes on it. Please USE the rosters.
4. Member Data Form (if applicable).
5. You should write deceased or dropped members on the roster you return to the office – **don't send their cards**.
6. Only include membership dues on your check.
7. New member applications with birth date filled in.
8. **NO** small pieces of paper for notes. **Use this form.**

UNIT # _____ UNIT TOWN _____

DISTRICT _____ COUNTY _____

FOR MEMERSHIP YEAR _____ DATE _____

YOUR UNIT TRANSMITTAL NUMER FOR THIS YEAR _____

INCLUDE NEW, TRANSFERS, OR RENEWALS (do not include PUF'L's):

SENIORS _____ @ **\$20.00** EACH = TOTAL \$ _____

JUNIORS _____ @ **\$4.25** EACH = TOTAL \$ _____

TOTAL REMITTED \$ _____

CHECK NUMBER _____

UNIT COMMENTS/SUPPLY NEEDS:

DO NOT SEND copies of cards or place the roster, transmittal and check in a small envelope. Please do not send a separate list of names that have paid – **USE THE ROSTER.** Send a self-addressed stamped **POSTCARD** with your mailing to us. We will date it and return to you. Receipt Post Cards are **not** available from the office.

Make copies of this Transmittal Form for your Unit records.