

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, RR, & P.O. BOX:

CITY/STATE/ZIP CODE:

AREA CODE DAYTIME PHONE NUMBER

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E-MAIL:

To process membership properly you must send in the following:

1. This Transmittal Form filled out **COMPLETELY**.
2. A check for the correct number 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.
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 FOR THIS YEAR TRANSMITTAL NUMER _____

INCLUDE NEW, TRANSFERS, OR RENEWALS (do not include PUFL's): Natl Rates effective August of 2023.

SENIORS ____ @ \$26.00 EACH = TOTAL \$ _____

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

TOTAL REMITTED \$ _____

CHECK NUMBER _____

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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**. If desired 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.