

UNIT MEMBERSHIP TRANSMITTAL FORM

Please duplicate this form for future use, also available online at www.amlegionauxwi.org
Make a copy of completed Transmittal Form for your records

Unit city location _____

Unit # _____

Date _____

Dist # _____

REQUIREMENTS

Department services 438 units and over 25,000 members, the following requirements are to make sure your unit's dues are processed quickly and accurately. We must also adhere to National guidelines; therefore, **these are not options but mandatory. ALL dues payments must have this front page attached.** (refer to the Membership Quick Reference Guide for different submission options.)

Membership will be returned if any of the following have occurred:



This is a pay dues form. LIST ONLY THE MEMBERS YOU ARE PAYING FOR.

DO NOT list anyone whose dues do not need to be paid. (PUFL's or paid up transferring members.)

Deceased/dropped/name change members **MUST** be submitted to Dept. on a Member Data Form. **NOT** this form.



Submit a **SEPARATE** Unit Membership Transmittal Form *for each membership year.*

If you are paying dues for more than one year, **separate** forms need to be filled out *for each membership year.*



A **Member ID#** is required for everyone but new members leave their ID # blank.



A Date of Birth is **required** for **EVERY** Junior. **DO NOT LIST SENIOR DOB'S.**



When submitting payment for a transferring member, a Member Data Form (also available online at www.amlegionauxwi.org) **must** accompany this Transmittal.



When submitting a New Member a New Member Application **must** accompany the Transmittal. (also available online at www.amlegionauxwi.org) A New Member cannot be processed without payment.



List Seniors first and then Juniors. Please make sure they are in alphabetical order. **DO NOT** submit several Transmittal forms with each one in alphabetical order. The **ENTIRE** submission must have Seniors first then Juniors **ALL** in alphabetical order. (refer to Membership Quick Reference Guide for different submission options.)

If you have ANY questions, please refer to the Membership Quick Reference Guide or contact Department

AMERICAN LEGION AUXILIARY – DEPARTMENT OF WISCONSIN
PO Box 140 – Portage WI 53901 608-745-0124 – Fax 608-745-1947 - Toll free 866-664-3863

Membership card year _____ (Department is looking to pay dues for this year only)

A **separate** Transmittal **MUST** be filled out for each membership year that you are paying dues for.

Total **SENIORS** (new & renewals) _____ @ 16.00 \$ _____

Total **JUNIORS** (new & renewals) _____ @ 3.00 \$ _____

Credits Used (PUFL or Membership) _____ (subtract) \$ _____

Total Sr & Jr names listed sent _____ Check Total \$ _____

Enclosed is check # _____ **DO NOT** send members individual checks.

A check from the unit made payable to ALA must be sent in with the transmittal form.

Person completing the Unit Membership Transmittal Form _____

Address _____

City/Zip _____

Phone # _____ Work/Cell # _____



Review Requirements on the front page of this form before submitting

List ALL members you are paying for **ALPHABETICALLY** on this sheet – List Seniors first then Juniors.

List only the members you are paying for – **DO NOT LIST VIM'S/PUFL's!**

Make sure all ID#'s (except new members) and Junior D.O.B's are listed

| MEMBER ID # | NAME | SR. | JR. | NEW | RENEW | TRANSFER | JR. D.O.B |
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Total Sr's this page _____ **Total Jr's this page** _____