

American Legion Auxiliary Department of WI / PO Box 140 Portage WI 53901
Questions? Please contact us at 608-745-0124 / alawi@amlegionauxwi.org

2019 - 2023 MEMBERS' DUES PAYMENT FORM

Keep a copy of this form for your records

Unit City Location _____ Unit # _____

Date _____ Dist # _____

INSTRUCTIONS

- THIS FORM IS ONLY FOR MEMBERS YOU ARE SENDING MONEY FOR.** Do not list members that have paid online, directly to HQ, PUFL's, deceased, or PAID transfers.
- Names must be listed in ALPHABETICAL order by last name. Do not separate new or junior members.
 - Several pages may be used if necessary. Word and Excel pages with the required information stapled to this cover sheet are also acceptable.
- A Member ID# is required for everyone. *(leave new member ID #'s blank)*
- A Date of Birth is **REQUIRED FOR EVERY JUNIOR**. Do not list Sr. DOB's.
For **2023** all members born in **2004 ARE SENIORS**. Members born in **2005 ARE JUNIORS**.
Dues for juniors are based on their birth year, not the actual date they turn 18.
Members 18 years of age as of 01/01/23 will owe senior dues YOB (2004) / Members 17 years of age as of 01/01/23 will owe junior dues YOB (2005)
- New Members **MUST HAVE** a **COMPLETED** New Member Application enclosed.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.

PLEASE CHECK WHICH MEMBERSHIP CARD YEAR TO BE PAID

Each **YEAR** needs to be listed on a separate payment form.

All years prior to 2019 must be submitted on a Past Dues form.

2019 2020 2021 2022 2023

DO NOT ALTER THE AMOUNTS. Department collects \$28/Sr and \$5.25/Jr

Total *SENIORS* listed _____ X \$28.00 \$ _____

Total *JUNIORS* listed _____ X \$5.25 \$ _____

Total number of names listed _____ Check Total \$ _____

Enclosed is check # _____ Enclose a separate check for each transmittal.

A 25.00 charge will be issued for any bank returned checks.

Make check payable to: ALA Dept. of WI

Mail to: ALA Dept. of WI, PO Box 140, Portage WI 53901

Person completing the Unit Membership Transmittal Form _____

Address/City/Zip _____

Daytime Phone # _____ E-Mail _____

Department Use Only \$ _____ (#4550)

INSTRUCTIONS

- 1) List ALL members you want paid, INCLUDING NEW– DO NOT LIST PUFL's, Deceased or PAID members!
- 2) List ALL members **ALPHABETICALLY** by last name on this sheet. Use multiple pages if paying for more than 30.
Do not separate new or juniors.
- 3) A **Member ID#** is required for everyone. (except new members – leave their ID # **BLANK**)
- 4) REQUIRED ALL Junior DOB's MUST BE listed. **Members born in 2004 are Seniors.** **Members born in 2005 are Juniors.** *The dues amount owed is NOT based on the actual date they turn 18.*

| MEMBER ID # (if new, leave blank) | NAME list in alphabetical order by last name DO NOT SEPARATE new or juniors | SR. | JR. | JR. DOB REQUIRED | NEW | TRANSFER |
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Total Sr's this page _____

Total Jr's this page _____