

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 \_\_\_\_\_

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**INCLUDE NEW, TRANSFERS, OR RENEWALS (do not include PUFL's):**

SENIORS \_\_\_\_ @ **\$17.00** EACH = TOTAL \$ \_\_\_\_\_

JUNIORS \_\_\_\_ @ **\$3.00** EACH = TOTAL \$ \_\_\_\_\_

TOTAL REMITTED \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

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**UNIT COMMENTS/SUPPLY NEEDS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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.