

American Legion Auxiliary, Department of New York

Membership Transmittal Form—Please circle one: 2013—2014—2015

Date: _____
 Unit: _____
 County: _____
 Transmittal No.: _____
 Transfer w/ Dues: _____
 Transfer w/o Dues: _____
 Check No.: _____

Report Summary			
Type	Qty.	Rate	Amt. Pd.
Senior		\$17.00	\$
Prior		\$17.00	\$
PUFL		None	\$ -0-
Junior		\$ 5.00	\$
ENTER CREDIT HERE =>			\$ ()
Totals		N/A	\$

FOR OFFICE USE ONLY
Name: _____
Date _____
Transmittal # _____

Complete information below for each member, attach additional pages as needed.

	Members		Seniors			Juniors	
	Name <small>(Last, First, MI) (alphabetical, please)</small>	Member No.	Senior <small>(Current)</small>	Senior <small>(Prior)</small>	Senior <small>(PUFL)</small>	Junior <small>(renewal)</small>	Junior <small>(new)</small>
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Contact Person: _____
 Address: _____
 City: _____
 State and Zip: _____

Phone: (____) _____ - _____ ext _____
 Cell phone: (____) _____ - _____
 Email: _____

<p>Make check payable to ALA, Dept. of NY, Inc. and mail to the Department Office. American Legion Auxiliary, Dept. of NY, Inc. 112 State St., Suite 1310, Albany, NY 12207</p>

	Members		Seniors			Juniors	
	Name (Last, First, MI) (alphabetical, please)	Member No.	Senior (Current)	Senior (Prior)	Senior (PUFL)	Junior (renewal)	Junior (new)
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