

RETURN THIS TRANSMITTAL WITH THE CORRECT NUMBER OF MEMBERS AND AMOUNT TO:

AMERICAN LEGION AUXILIARY

5440 HERBERT LORD ROAD, INDIANAPOLIS, IN 46216

2022 NEW MEMBER & RENEWAL FORM

Date: _____

DEPARTMENT OF INDIANA

Unit Location (City) _____ Unit # _____ District # _____

1. TOTAL SENIORS THIS FORM: _____ (X \$18.00) \$ _____

2. TOTAL JUNIORS THIS FORM: _____ (X \$3.75) \$ _____

TOTAL (lines 1 - 2) _____ (Total Count)

3. Enclosed is check # _____ in the amount of \$\$ _____

NUMBER OF RENEWALS _____

NUMBER OF NEW MEMBERS _____

TRANSFERS WITH PAYMENT _____

NUMBER OF REJOINS _____

Person completing transmittal:

NAME: _____ TITLE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

IMPORTANT: PLEASE SEE BACK OF THIS SHEET FOR LISTING MEMBER'S NAME & ID NUMBER

UNIT	Print Name: Last	First	MEMBERSHIP #	RENEW	SR	JR	NEW	TRNSFR	REJOIN
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									

PLEASE PRINT NAME AND NUMBER
PLACE CHECK MARK IF MEMBER IS RENEWING, SR OR JR, IF NEW, AND IF TRANSFERRING OR REJOINING
NAMES MUST BE PRINTED IN ALPHABETICAL ORDER BY LAST NAME OR TRANSMITTAL WILL BE RETURNED