

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

AMERICAN LEGION AUXILIARY
5440 HERBERT LORD ROAD, INDIANAPOLIS, IN 46216

BACK DUES ONLY TRANSMITTAL

Date: _____

DEPARTMENT OF INDIANA

Unit Location (City)	Unit #	District #
1. 2019-2020 TOTAL SENIORS THIS FORM:	_____	x \$18.00 \$ _____
2. 2013-2018 TOTAL SENIORS THIS FORM:	_____	x \$15.00 \$ _____
3. 2010-2012 TOTAL SENIORS THIS FORM:	_____	x \$10.00 \$ _____
4. 2006-2009 TOTAL SENIORS THIS FORM:	_____	x \$9.00 \$ _____
5. 2009-2018 TOTAL JUNIORS THIS FORM:	_____	x \$2.50 \$ _____
6. 2019-2020 TOTAL JUNIORS THIS FORM:	_____	x \$3.75 \$ _____
TOTAL (lines 1 - 6)	_____	(Total Count)
7. Enclosed is check # _____		in the amount of \$ _____

NOTE: Current dues must be paid by February 1st before any back dues will be accepted.

TRANSFERS WITH PAYMENT _____

NUMBER OF REJOINS _____

Person completing transmittal:

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

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

PRINT NAME: LAST FIRST		MEMBERSHIP #	PAYING YEAR	SR	JR	TRNSFR	REJOIN
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

PLEASE PRINT NAME, NUMBER, AND WHICH YEAR IS BEING PAID
PLACE CHECK MARK IF MEMBER IS A 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