AMERICAN LEGION AUXILIARY

American Legion Auxiliary
Department of Missouri
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573-636-9133 Fax - 573-635-3467
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DEPARTMENT TRANSMITTAL FORM 2026 - 2027

(When paying dues, attach a completed Dues Payment Sheet, required)
Please do not make corrections on Roster. Use the Member Data Form.

Unit Name:_____ Transmittal #: _____ (required)

Date:_____ District #:_____ Unit #: _____

Total Juniors: _____ @ $ 4.25 each = $_____

Total Seniors: _____ @ $35.00 each = $_____

Amount of **CREDIT** used $_____

Amount of **DEBIT** owed $_____

BACK DUES

Junior back dues: _____x $3.00 to (2018) $_____
Junior back dues: _____x $4.25 (2019-2026) $_____

Senior back dues _____x $35.00 (2025-2026) $_____
Senior back dues _____x $29.00 (2024) $_____
Senior back dues: _____x $23.00 (2019-2023) $_____

Total back dues paid: $_____

Total money submitted: ***$_____***

Transactions Enclosed:

New applications: _____ Duplicates: _____ Deceased: _____ Corrections _____

Dropped: _____ Transfer w/out dues: _____ Transfers w/dues: _____ Other _____

Name Change _____ Address Change _____Birthdate Change _____

Unit Membership Chairperson *(required)*

Name: _____

Address: _____

Phone: _____Email: _____

This form may be duplicated as needed

Office Use Only

Check #_____Check $_____ Scan Date _____

6/26