American Legion Auxiliary

Department of Missouri
600 Ellis Blvd, Jefferson City MO 65101
573-636-9133 Fax - 573-635-3467
Email: dptmoala@outlook.com

NEW MEMBER

DEPARTMENT TRANSMITTAL FORM 2025 - 2026

(When paying dues, attach a completed Dues Payment Sheet, required)

Unit Name:_____ Transmittal #: N-_____
(required)

Date:_____ District #:_____ Unit #: _____

Total Juniors: _____ @ $ 4.25 each = $_____

Total Seniors: _____ @ $35.00 each = $_____

Amount of **DEBIT** owed $_____

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

Unit Membership Chairperson (required):

Name: _____

Address: _____

Phone _____ Email: _____

This form may be duplicated as needed

Office Use Only

Check #_____ Check $_____ Scan Date _____ Completed _____

Revised 2/2025