ALA DEPARTMENT OF MISSOURI
DUES PAYMENT SHEET 2026-27

Date: _____

Unit #:_____

Transmit # _____

Page _____ of _____

(Form for Dues Payments only - not PUFL or Online)

	YEAR PAID	Jr.	Sr.	NAME (LAST, FIRST ALPHABATIZED) Type or print clearly	MEMBER ID NO.	REMIT AMT $
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Form may be duplicated as needed

Office Use Only
Check #_____ Check $_____ Scan Date _____ Completed _____

Total Submitted: $_____

Revised 06/2026