

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

Please do not make corrections on Roster.
Use the Member Data Form or a plain sheet of paper

DEPARTMENT TRANSMITTAL FORM

(For use in transmitting membership dues using the dues payment sheet)

Unit Name: _____ Transmittal #: _____

Date: _____ District #: _____ Unit #: _____

Total Juniors: _____ @ \$ 4.25 each = \$ _____

Total Seniors: _____ @ \$29.00 each = \$ _____

Amount of CREDIT used \$ _____

Amount of DEBIT owed \$ _____

BACK DUES

Total Junior back dues: _____ x \$3.00 to (2018) \$ _____

Total Junior back dues: _____ x \$4.25(2019-2022) \$ _____

Total Senior back dues: _____ x \$23.00 (2019-2023) \$ _____

(Dues for years 2016 and older are \$15.00) \$ _____

(Dues for years 2017 and 2018 are \$20.00) \$ _____

Total back dues paid: \$ _____

Total money submitted: \$ _____

The following member data forms are enclosed:

Duplicates: _____ Deceased: _____ Drop: _____

Transfer without dues: _____ Transfers with dues: _____

New applications: _____ # rejoins: _____

Unit Membership Chairperson: (Name, address and phone number of contact person if there is a problem with transmittal)

Name: _____

Address: _____

Telephone: _____ Email: _____

This form may be duplicated as needed