



American Legion Auxiliary

Department of Missouri
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DEPARTMENT TRANSMITTAL FORM 2025 - 2026

(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(2019-2025) \$ _____

Senior back dues _____ x \$35.00 (2025) \$ _____

Senior back dues _____ x \$29.00 (2024) \$ _____

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

\$ _____

Total back dues paid: \$ _____

Total money submitted: \$ _____

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 _____ Completed _____

Revised 2/2025