

AMERICAN LEGION AUXILIARY
DEPARTMENT OF IOWA
720 LYON STREET, DES MOINES, IOWA 50309
(515) 282-7987

UNIT # _____ UNIT TOWN _____
DISTRICT _____ COUNTY _____
FOR _____ YEAR UNIT TRANSMITTAL # _____
DATE _____

MEMBERSHIP TRANSMITTAL SHEET

CONTACT PERSON (IF WE HAVE QUESTIONS):

NAME: _____

STREET, RR, & P.O. BOX (need UPS address): _____

CITY/STATE/ZIP CODE: _____

AREA CODE DAYTIME PHONE NUMBERS

(_____) _____

(_____) _____

UNIT COMMENTS/SUPPLY NEEDS:

FOR OFFICE USE ONLY:

NATIONAL TRANSMITTAL NUMBER: _____

SENIOR NUMBER _____

JUNIOR NUMBER _____

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*Revised September 12, 2004

INCLUDE NEW, TRANSFER, OR RENEWALS (do not include VIM's):

SENIORS _____ @ **\$10.00** EACH = TOTAL \$ _____

JUNIORS _____ @ **\$2.50** EACH = TOTAL \$ _____

CREDIT VOUCHER _____ (\$ _____)

TOTAL REMITTED \$ _____

CHECK NUMBER _____

HAVE YOU:

1. Included **BOTH** stubs for each and every member, marked clearly with number 2 pencil.
2. **MARKED** cards appropriately.
3. Bundled Junior cards **SEPARATELY** from Senior cards and alphabetized the cards for each group.
4. Included **ONLY** the cards being paid for.
5. **CHECKED** application for Junior D.O.B. (date of birth), Unit Town and Number, and Legionnaire signature.
6. Used your "Membership Processing Manual" which was included in your membership packet, to answer questions.
7. **SENT WHITE COPY TO DEPARTMENT OF IOWA AUXILIARY OFFICE and KEPT CANARY COPY FOR YOUR UNIT RECORDS.**