

Unit Contact:

American Legion Auxiliary
Department of
West Virginia
2018 Membership Transmittal

DATE: _____
UNIT # _____
TRANSMITTAL # _____

Member ID #	Sr	Jr.	Print Name Alphabetically	List Any Name, Address Changes, List if "Rejoining"
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Mail To: ALA Department Headquarters
1251 Doolin Run Road
New Martinsville WV 26155-7808

_____ Sr. X \$14.00= _____
 _____ Jr. X \$ 2.50= _____
 Back Dues
 _____ Sr. X \$14.00= _____
 _____ Jr. X \$2.50= _____

Back Dues

1
2
3
4
5

Credit Memo (-) _____
 Debit Memo (+) _____

Total Enclosed \$ _____

Check # _____

Total Membership To Date _____

DECEASED MEMBERS (Name & ID#)

1
2
3
4
5