

**AMERICAN LEGION AUXILIARY TRANSMITTAL FORM
MEMBERSHIP**

**Please send to Department Headquarters
129 North Main Ave, Hartford, SD 57033**

TOWN _____ UNIT _____ DIST _____

MEMBER REPORTING _____

CONTACT ADDRESS _____

CONTACT PHONE _____

DATE: _____ CHECK NUMBER _____

DUES:

_____ Seniors @ \$24.00 each \$ _____

_____ Juniors @ \$ 5.00 each \$ _____

_____ PUFLS \$ _____

_____ Back Dues @ \$24/Srs-\$5.00/Jrs \$ _____

Year-to-Date Membership Total _____

TOTAL DUES: _____

