

# American Legion Auxiliary Department of South Dakota

## Membership Transmittal Form

Please mail to: South Dakota American Legion Auxiliary, PO Box 983, Mitchell, SD 57301

20 \_\_\_\_ - 20 \_\_\_\_ Membership Year

Date: \_\_\_\_\_

Town: \_\_\_\_\_ Unit #: \_\_\_\_\_ District #: \_\_\_\_\_

Member Reporting: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Transmittal Sheet Summary

_____ Seniors X \$30.00 = _____ \$12 Nation & \$18 Department	_____ Juniors X \$5.00 = _____ \$2.50 Nation & \$2.50 Department
_____ PUFL X \$0.00 = _____ Do <b>NOT</b> list PUFLs on detailed roster below	_____ Back Dues X \$30 or \$5 = _____ \$30 for Senior or \$5 for Junior

Total any (+) Underpayments or (-) Credits \_\_\_\_\_

Check Number: \_\_\_\_\_ Total Dues Remitted: \_\_\_\_\_

YTD Membership Total: \_\_\_\_\_

### Members for Transmittal

List only members you are paying for on this transmittal. Indicate the year in the last column if paying back dues.

**Use a Member Update Form to report Name, Address, Phone, or E-Mail changes.**

**Use the Deceased Member Form to report deaths.**

ID Number	Last Name	First Name	MI	Sr	Jr	Back Dues Year(s)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

	ID Number	Last Name	First Name	MI	Sr	Jr	Back Dues Year(s)
11.							
12.							
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