

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 NOT 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.						
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10.						

	ID Number	Last Name	First Name	MI	Sr	Jr	Back Dues Year(s)
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12.							
13.							
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