**MEMBERSHIP TRANSMITTAL FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **20** |  | **-** | **20** |  |  **Membership Year** |

**Please mail to:** South Dakota American Legion Auxiliary, 23782 136th Street, Firesteel, SD 57633

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |   |   |   |   |   |
| **Town:** |   | **Unit#:**  |   | **District #:** |   |
| **Member Reporting:** |   | **Tele or Email:** |   |
| **Address:** |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Seniors@$30.00=** |   |   |   | **Juniors@$5.00=** |   |
|   | **PUFL@$0.00** | **Back Dues @$24.00/SR @$5.00/Jr=** |   |
| Do **NOT** list PUFL on detailed roster below |  |  |  |  |   |
| **Add previous dues underpayment, subtract previous dues overpayment (credit slip)** | $ |
| **Check Number:**  |   |  | **Total Dues Remitted:**  | $ |   |
| **YTD Membership Total:** |   |   |   |   |   |

**LIST ONLY MEMBERS YOU ARE PAYING FOR ON THIS TRANSMITTAL. Indicate the year in the last column if paying back dues.
Use a Member Data form to report name changes, and address changes. Use the Deceased member form to report deaths.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ID NUMBER** | **LAST NAME** | **FIRST NAME** | **MI** | **SR** | **JR** | **BACK DUES YRS** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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