

## MEMBERSHIP TRANSMITTAL FORM

Please mail to: South Dakota American Legion Auxiliary, 23782 136<sup>th</sup> Street, Firesteel, SD 57633

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

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 <b>NOT</b> 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
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