AMERICAN LEGION AUXILIARY
DEPARTMENT OF SOUTH CAROLINA
MEMBERSHIP TRANSMITTAL FORM

UNIT #________________________DATE______________

TRANSMITTAL #____________FOR ______________(enter membership year)

Dues are transmitted herewith for the following:

__________SENIORS @ $19.00 EACH $ ________

__________JUNIORS @ $3.25 EACH $ ________

__________TOTAL MEMBERS TRANSMITTED TODAY

__________PAYMENT ENCLOSED $________

Total Members transmitted this year

1) **Please use this form when transmitting membership dues.**

2) **List the names of all the members you are transmitting to the Department on the back of this form if needed by Junior and Senior and keep a copy for your records.** *Do not send in non-renewals, they are automatically purged after 18 months of inactivity.* **Send all deceased cards with member data forms completed.**

3) *Complete a SEPARATE transmittal form for each dues year.* To keep your record keeping easier, **number each transmittal consecutively *beginning with each membership year.***

4) If forms are not complete and money is not correct it will not be processed and will be returned to Unit.

Transmittals with payment are to be sent to:
The American Legion Auxiliary
107A Legion Plaza Road
Columbia, SC 29210

Name and Address of person submitting the membership:

Name:________________ Address:________________

City, State, Zip______________________________

Telephone/E-mail______________________________

SENIOR	JUNIOR
	NEW