

Date _____

Transmittal # _____

AMERICAN LEGION AUXILIARY
DEPARTMENT OF OREGON
PO Box 1730, Wilsonville, Oregon 97070
503-682-3162
alamembership@alaoregon.org

2020 SENIOR MEMBERSHIP ONLY TRANSMITTAL FORM

Unit Name & Number _____ District _____

Membership contact name _____ Phone # _____

Email address _____

Enclose application of new members with this form and remittance.

Senior New and Renewal # _____ X \$27.50 each = \$ _____

Honorary Life Member @ \$27.50 each = \$ _____

Subtract online credit (attach credit slip) - _____

Check # _____ Check Total \$ _____

1	27.50
2	55.00
3	82.50
4	110.00
5	137.50
6	165.00
7	192.50
8	220.00
9	247.50
10	275.00
11	302.50
12	330.00
13	357.50
14	385.00
15	412.50
16	440.00
17	467.50
18	495.00
19	522.50
20	550.00
21	577.50
22	605.00
23	632.50
24	660.00
25	687.50
26	715.00
27	742.50
28	770.00
29	797.50
30	825.00

Please list member names in alphabetical order.

MEMBER NAME

MEMBERSHIP NUMBER

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____

Date _____

Transmittal # _____

- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____

REINSTATED SENIOR MEMBERS

2019-2018-2017

Circle year paid

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____