

Date _____

Transmittal # _____

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

2019 JUNIOR MEMBERSHIP ONLY TRANSMITTAL FORM

Unit Name & Number _____ District _____

Membership contact name _____ Phone # _____

Email address _____

Enclose application of new members with this form and remittance.

Junior New and Renewal # _____ X **\$4.50** each = \$ _____

Subtract online credit (attach credit slip) - _____

Check # _____ Check Total \$ _____

1	4.50
2	9.00
3	13.50
4	18.00
5	22.50
6	27.00
7	31.50
8	36.00
9	40.50
10	45.00
11	49.50
12	54.00
13	58.50
14	63.00
15	67.50
16	72.00
17	76.50
18	81.00
19	85.50
20	90.00
21	94.50
22	99.00
23	103.50
24	108.00
25	112.50
26	117.00
27	121.50
28	126.00
29	130.50
30	135.00

Please list member names in alphabetical order.

MEMBER NAME

MEMBERSHIP NUMBER

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Date _____

Transmittal # _____

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

REINSTATED JUNIOR MEMBERS

2018-2017-2016

Circle year paid

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