

Date _____

Transmittal # _____

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

2023 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 \$ _____

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. | _____ | _____ |

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

Date _____

Transmittal # _____

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

REINSTATED JUNIOR MEMBERS

2022-2021-2020 - Circle year paid

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