

Date _____

Transmittal # _____

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

2023 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 \$30.00 each = \$ _____

Honorary Life Member @ \$30.00 each = \$ _____

Subtract online credit (attach credit slip) - _____

Check # _____ Check Total \$ _____

1	30.00
2	60.00
3	90.00
4	120.00
5	150.00
6	180.00
7	210.00
8	240.00
9	270.00
10	300.00
11	330.00
12	360.00
13	390.00
14	410.00
15	440.00
16	470.00
17	500.00
18	530.00
19	560.00
20	590.00
21	620.00
22	650.00
23	680.00
24	710.00
25	740.00
26	780.00
27	810.00
28	840.00
29	870.00
30	900.00

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

2022-2020-2019 - Circle year paid

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