



Date: _____

American Legion Auxiliary Department of Texas
PO Box 1629, Little Elm, Tx 75068 Ph. 214-733-7945
membership@alatexas.org www.alatexas.org

Membership Transmittal Form

Unit Number: _____ Location: _____ Membership Year: _____

Check # _____ Credit Card _____ E-Check _____

Person completing form _____

Address _____ City _____ Zip _____

Phone# _____ Email _____

Total Seniors (new & renewals) _____ @ \$31.00 for \$ _____

Total Juniors (new & renewals) _____ @ \$5.00 for \$ _____

Credits Used (Subtract this amount and please make sure to include copy of notice)

National Credit \$ _____

Unit Overage from previous transmittal \$ _____

Shortage Paid (Please add this amount for any shortage on previous transmittal)

Unit Shortage from previous transmittal \$ _____

Total Amount Paid \$ _____

| Comment | ID Number | Last Name | First Name | Jr | Sr |
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