

Date _____

Transmittal # _____

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

2024 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. _____

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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