

Date _____

Transmittal # _____

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

2025 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

BY LAST THEN FIRST MEMBER NAME

MEMBERSHIP NUMBER

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |

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

10. _____

11. _____

12. _____