Date _____ **Transmittal #** _____

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

2026 SENIOR MEMBERSHIP ONLY TRANSMITTAL FORM

Unit Name _____Unit Number_____ District _____

Membership contact name _____ Phone # _____

Email address _____

Enclose application of new members with this form and remittance.

Senior New and Renewal #_____ X $**36.00** each =_____ $ _____

Subtract online credit (attach credit slip) - _____

Check # _____ **Check Total $** _____

PLEASE LIST MEMBER NAMES IN ALPHABETICAL ORDER

	BY LAST NAME, THEN FIRST NAME	**MEMBERSHIP NUMBER**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

1	36.00
2	72.00
3	108.00
4	144.00
5	180.00
6	216.00
7	252.00
8	288.00
9	324.00
10	360.00
11	396.00
12	432.00
13	468.00
14	504.00
15	540.00
16	576.00
17	612.00
18	648.00
19	684.00
20	720.00
21	756.00
22	792.00
23	828.00
24	864.00
25	900.00

Date _____ **Transmittal # _____**

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

REINSTATED SENIOR MEMBERS **2025-2024-2023 -** Circle year paid

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____