



2020 UNIT MEMBERSHIP TRANSMITTAL FORM

American Legion Auxiliary, Department of Nebraska
PO BOX 5227, Lincoln, Nebraska 68505

Make a copy of this form for your records

Date _____ Email: _____

Unit Town Location: _____ Unit # _____

Submitted By: Membership Chairman Treasurer Secretary

Name: _____ Phone # _____ District # _____

Payments due prior to 2018 (2017, 2016...)			
Juniors this report	___ X	\$2.50	\$ _____
Seniors this report	___ X	\$19.25	\$ _____
Total previous years dues enclosed=			\$ _____

Payments due for 2019 Increase			
Juniors this report	___ X	\$3.75 =	\$ _____
Seniors this report	___ X	\$22.25 =	\$ _____
Total 2019 year dues enclosed =			\$ _____

2020 Membership Year			
Juniors this report	___ X	\$3.75	\$ _____
Seniors this report	___ X	\$22.25	\$ _____
Total current year dues enclosed =			\$ _____

Thank you for taking your time to support the A.L.A.	Previous Year Unit Dues Owed =	\$ _____	Total # Members Transmitted _____
	Current Year Unit Dues Owed =	\$ _____	
	TOTAL Dues Owed Enclosed =	\$ _____	
	Check #	<input style="width: 50px;" type="text"/>	

Member TYPE: S for Senior - J for Junior - L for Nebraska Life/SLM - P for Paid up for Life/PUFL

NOTE: To prevent **ERRORS** in membership allocation of dues **ALL** info below **MUST** be included

List alphabetically by last name. Last 4 #'s of member identification number is required

	↓ Last 4 #	Type of ID	Member name	↓ Year Pd.
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	↓ Last 4 #	Type of ID	Member name	↓ Year Pd.
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SUBMIT WITHIN ONE WEEK OF RECEIVING MEMBER'S DUES - DO NOT HOLD MORE THAN TWO WEEKS

Member TYPE: S for senior - J for Junior - L for Nebraska Life/SLM - P for Paid up for Life/PUFL

NOTE: To prevent **ERRORS** in membership allocation of dues **ALL** info below **MUST** be included

	↓ Type	Last 4 # of ID	Member name	↓ Year Pd.
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	↓ Type	Last 4 # of ID	Member name	↓ Year Pd.
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SUBMIT WITHIN ONE WEEK OF RECEIVING MEMBER'S DUES - DO NOT HOLD MORE THAN TWO WEEKS