



2025 UNIT MEMBERSHIP TRANSMITTAL FORM

American Legion Auxiliary, Department of Nebraska
150 NW 40th Street, Unit B - Lincoln, NE 68528

Make a copy of this form for your records

Date _____

Email: _____

Unit Town Location: _____

Unit # _____

Submitted By: Membership Chairman

Treasurer

Secretary

Name: _____

Phone # _____

District # _____

2025 Membership Year			
Juniors this report	_____ X	\$3.75	\$ _____
Seniors this report	_____ X	\$22.25	\$ _____
Total current year dues enclosed =			\$ _____

Previous Year Unit Dues Owed = \$ _____

Thank you for taking your time
to support the A.L.A.

Current Year Unit Dues Owed = \$ _____

TOTAL Dues Owed Enclosed = \$ _____

Check #

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

	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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TRANSMIT DUES EACH WEEK. DO NOT HOLD DUES. GET THEM IN THE BANK ASAP.

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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