

This form is available  
online at [www.ilala.org](http://www.ilala.org)

**For Office Use Only**

Transaction Date:

Transaction #:

MIS:

**UNIT MEMBERSHIP TRANSMITTAL FORM** \_\_\_\_\_

Please duplicate this form for future use

Unit Name \_\_\_\_\_ Unit # \_\_\_\_\_  
Date \_\_\_\_\_ Dist # \_\_\_\_\_

**LIST ONLY THE MEMBERS YOU ARE PAYING FOR ON BACK ON THIS FORM.**

DO NOT LIST PUFL'S OR PAID UP TRANSFERRING MEMBERS.

- » List all members in Alphabetical order.
- » If they are a junior now paying senior dues please check the "JR to SR" box.
- » If the member is new please check the "New" box.
- » If new member is a junior the birthdate is required and must be written on the JR's application.
- » A Member ID# is required for everyone but new members leave their ID# blank.
- » Any member transferring into a unit must have a completed transfer included with transmittal.
- » **Please note change:** Any member paying a previous year must be written in the bottom box of back page. Please do not include them in the top current year box unless they are paying for both a previous and current year and in that case their name should be included in both top and bottom box. Any member that is marked for payment in the current year box (top box) will be paid for the current year per instructions. In "Previous Year Box" please include the year they are paying for.
- » Everything will be returned to unit membership chairman if any of the following have occurred – names not listed for payment – Incomplete applications – or if information is missing (member ID#'s / JR birthdate, signature on transfer form)

**\*\*Make a copy of completed Transmittal Form for your records\*\***

AMERICAN LEGION AUXILIARY ~ Department of Illinois  
Department Headquarters  
PO Box 1426  
Bloomington, IL 61702-1426  
309-663-9366

Total SENIORS (New, transfers, & renewals) \_\_\_\_\_ @ 10.00 \$ \_\_\_\_\_

Total JUNIORS (New, transfers, & renewals) \_\_\_\_\_ @ 2.10 \$ \_\_\_\_\_

Enclosed Check # \_\_\_\_\_ Check Amt: \_\_\_\_\_ OFFICE - Total Amt: \_\_\_\_\_

OFFICE: Refund \_\_\_\_\_ Refund reason: \_\_\_\_\_

Transmittal is short: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

DO NOT send members individual checks.

A check from the unit made payable to: ALA must be sent in with the transmittal form.  
PLEASE PRINT LEGIBLY: Person completing this Unit Membership Transmittal Form.

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Contact Phone \_\_\_\_\_