Name
Address
State, Zip

American Legion Auxiliary
Department of
West Virginia
2027 Membership Transmittal

DATE: _____
UNIT #_____
TRANSMITTAL #_____

	Member ID #	Sr	Jr.	Print Name Alphabetically	List Any Name, Address Changes, List if "Former"
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Checks Payable To: ALA Dept Treasurer

Mail To: **ALA Department Headquarters**
1251 Doolin Run Rd
New Martinsville WV 26155

_____ Sr. X $27.00 = _____

_____ Jr. X $ 3.75 = _____

Back Dues (2025 & forward)

_____Sr. X $25.00 _____

_____Jr. X $3.75 _____

Back Dues

1
2
3
4
5

DECEASED MEMBERS (Name & ID#)

1
2
3
4
5

Credit Memo (-) _____

Debit Memo (+) _____

Total Enclosed $_____

Check #_____

Total Membership to Date _____