

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK  
MEMBERSHIP TRANSMITTAL FORM FOR THE 2024-2025 YEAR**

Date:		Report Summary			FOR OFFICE USE ONLY	
		Type	Qty.	PER CAPITA	AMOUNT PAID	RECEIVED:
Unit #:		<b>Senior:</b> 2025 (RENEWAL OR NEW/REJOIN) & 2024 DUES		\$28.00	\$	Name:
County:						
Transmittal No.:		2023 AND ALL PRIOR YEARS		\$20.00	\$	Date
Transfer w/ Dues:		Junior		\$ 6.25	\$	
Transfer w/o Dues:		ENTER CREDIT OR SHORT AMOUNT HERE =>		\$		Transaction #
Check #:	Credit Date:	TOTAL OWED TO DEPARTMENT:		\$		

**ONE CHECK PER TRANSMITTAL-** payable to ALA, Dept. of NY, Inc. and mail to the Department Office:

ALA, Dept. of NY; 1580 Columbia Turnpike, Bldg. #1, Suite 3; Castleton-On-Hudson, NY 12033

\*\*COMPLETE INFORMATION BELOW FOR EACH MEMBER. DO NOT SUBMIT MORE THAN 55 MEMBERS PER TRANSACTION\*\*

MEMBERS			SENIORS			JUNIORS	
FULL NAME (LAST, FIRST) (ALPHABETICAL)		MEMBER NO. <small>ID#'S ARE REQUIRED FOR RENEWALS AND REJOINS</small>	2025 RENEWAL	<u>WRITE THE WORD NEW/REJOIN</u>	2024 & PRIOR YEARS	2025 DUES	PRIOR YEARS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

NAME: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**MEMBERSHIP TRANSMITTAL FORM FOR THE 2024-2025 YEAR, PAGE 2.**

	MEMBERS		SENIORS			JUNIORS	
	FULL NAME (LAST, FIRST) (ALPHABETICAL)	MEMBER NO. <small>ID#'S ARE REQUIRED FOR RENEWALS AND REJOINS</small>	2025 RENEWAL	WRITE THE WORD NEW/REJOIN	2024 & PRIOR YEARS	2025 DUES	PRIOR YEARS
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							

**ONE check per transmittal- payable to ALA, Dept. of NY, Inc. and mail to the Department Office:  
ALA, Dept. of NY; 1580 Columbia Turnpike, Bldg. #1, Suite 3; Castleton-On-Hudson, NY 12033**