

FOR DEPARTMENT OFFICE USE ONLY

Date Received	_____	Amount Due	_____
Check #	_____	Amount Submitted	_____
National Trans #	_____	Total Dr / (Cr)	_____
Date Processed	_____	Balance	_____

MAIL TO:

**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF CONNECTICUT  
P.O. BOX 266  
ROCKY HILL, CT. 06067-0266**

**BACK DUES** MEMBERSHIP TRANSMITTAL FORM

DATE \_\_\_\_\_ UNIT # \_\_\_\_\_ DISTRICT# \_\_\_\_\_

# OF SENIOR DUES @ \$20.75 ON THIS TRANSMITTAL \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_

# OF JUNIOR DUES @ \$6.20 ON THIS TRANSMITTAL \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_

TOTAL NUMBER OF MEMBERS ABOVE \_\_\_\_\_ TOTAL DUE \_\_\_\_\_

Dues Breakdown:	<u>Seniors</u>	<u>Juniors</u>
Nat'l Dues	\$ 12.00	\$ 2.50
Dept Dues	\$ 8.75	\$ 3.70
<b>TOTAL DUES</b>	<b>\$ 20.75</b>	<b>\$ 6.20</b>

**NOTE:**

**Back dues begin on January 1<sup>st</sup> of each year**

PLEASE PRINT

MEMBERS TRANSMITTED  
LIST ALPHABETICALLY

MEMBERSHIP NUMBER

SR	JR	YEAR PD	NO.		
			1		
			2		
			3		
			4		
			5		
			6		

SENT IN BY:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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