



American Legion Auxiliary  
 Dept of California  
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Transmittal # \_\_\_\_\_ Unit # \_\_\_\_\_

Date \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Per Capita to Dept: \$17.00 per SR Member \$ 2.00 per JR Member
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***NEW MEMBERS ONLY - Please list SENIORS then JUNIORS***  
***ALL IN ALPHABETICAL LAST NAME ORDER***

ID	First Name	Last Name	Member Type	2017 Dues
SAMPLE	Members			
NEW	JANE	DOE	SR or JR	X
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Total Juniors	x \$2.00 =
Total Seniors	x \$17.00 =

Office Use Only: Do Not Use this Area		
Ck#	Amount Paid	Date