

AMERICAN LEGION AUXILIARY, DEPARTMENT OF KANSAS
MEMBERSHIP TRANSMITTAL FORM **EFFECTIVE JULY 1, 2024**

DATE: _____
UNIT #: _____
NAME: _____
DISTRICT: _____
CITY: _____
YOUR TRANSMITTAL #: _____
TRANSFERS: _____
CHECK # _____

REPORT SUMMARY			
TYPE	QTY	RATE	AMT. PD
SENIOR (NEW-CURRENT)		\$ 28.00	
PRIOR		\$ 28.00	
PUFL		NONE	\$ -
JUNIOR (NEW-CURRENT)		\$ 3.75	
JR. PRIOR		\$ 3.75	
SUBTOTAL			
ENTER CREDIT HERE			
TOTALS			

Complete information below for each member - attach additional pages as needed.

	MEMBERS		SENIORS				JUNIORS		
	NAME (LAST, FIRST, MI) (Alphabetical)	MEMBERSHIP #	NEW	CURRENT	PRIOR YEAR	PUFL	NEW	RENEWAL	DATE OF BIRTH
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Has any of the membership information already been entered online?

YES, explain.

NO

CONTACT PERSON: _____
ADDRESS: _____
CITY, STATE, ZIP _____

HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____

INSTRUCTIONS:

1. MAKE SURE TO SEND COPY OF APPLICATION VERIFIED FOR ELIGIBILITY BY POST FOR ALL NEW MEMBERS.
2. JUNIOR APPLICATION MUST HAVE A DATE OF BIRTH LISTED.
3. PUFL (VIM) APPLICATIONS ARE SENT TO NATIONAL HEADQUARTERS.
4. PLEASE PUT ALL PUFL (VIM'S) ON THE FIRST PAGE OF THE TRANSMITTAL FORM.
5. PLEASE PRINT ALL NAMES IN ALPHABETICAL ORDER BY LAST NAME ON ALL TRANSMITTAL FORMS AND SEND TO:

AMERICAN LEGION AUXILIARY, DEPARTMENT OF KANSAS
1314B SOUTH TOPEKA BLVD
TOPEKA, KS 66612-1817
(785-232-1396)

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