American Legion Auxiliary \*\*\***NEW ONLY**\*\*\* 626-365-5031 So. California

Department of California **2023 Dues Only** 415-276-4741 No. California

Member Processing Center 626-321-4726 Fax

115 W California Blvd Suite 251

Pasadena, CA 91105-3005

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transmittal # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Unit # | \_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**Please Print Legibly**

* Do not transmit PUFL members, members that paid online, or through National.
* All members should be listed alphabetically by last name.
* New Member Application must be included with Transmittal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Member #  Leave Blank if new | First Name | Last Name  List Alphabetically | Member Type  Jr or Sr |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please list Credit Memos Below: | | | Total Juniors |  | x $4.00= | $ |
| Credit Memo # | Value |  | Total Seniors |  | x $22.00= | $ |
|  |  |  | Total Amount for Members | | | $ |
|  |  |  | Less Credit Memos Amount | | | $ |
|  |  |  | Total Amount of Check | | | $ |



American Legion Auxiliary

*Department of California*

**Membership Guide**

Who is eligible: Grandmothers, Mothers, Sisters, Spouses (Male and Female), Daughters, Adopted Daughters, Grand Daughters, Female Veterans

Note: Per IRS regulations, step-relatives are not eligible, and the IRS only allows two degrees of a blood line, so great grand daughters and beyond are not eligible.

**Directions for the Transmittal:**

* Transmittal #: This should start at one (1) each year and be sequential so that when the processing department calls the Unit regarding a membership issue a transmittal number can be referenced.
* Enter your Unit # and District #
* Contact: Provide current contact information for your membership chairman (or who is completing the transmittal) so we know who to reach out to.

**All members should be listed alphabetically, no matter**

**of type (Jr, Senior, New, etc.) by last name.**

* **Don’t worry about member number for new members.**
* First Name: First name of member
* Last Name: Last name of member. Transmittal should be sorted by Last Name
* Member Type: Enter in whether the member is a Junior or Senior member**.**
* Credit Memos: Enter the Credit Memo and the Value of the Credit Memo
* Enter the Total Number of Each type of member. If typing into the transmittal, it will calculate your check total for you.
* If you are sending in multiple transmittals, you can send in one check. Just total up all transmittals and write one check.

**Common mistakes on Transmittals**

* Do not transmit PUFL members, members that paid online, or through National.
* All membership should include a transmittal. Handwritten notes are not an acceptable form of transmitting members.
* Member’s checks should not be sent in with transmittals. The Unit should deposit the member’s checks and write a check for the total amount of the transmittal.
* Only the most current Transmittal form should be used. The newest transmittal can be found on the Department Website.
* Do not send in any documentation regarding Veterans i.e. DD214, ids, member cards, etc.
* **All new members must be sent in with an application, even if the Unit enters their data into ALAMIS.**
  + **If you are entering new members in ALAMIS the following fields are required: First Name, Last Name, Address (Street, city, state, zip), Date of Birth, Name of Veteran eligible through, Veteran Living or Deceased, Veteran if Living- Post Number and Location (City and State), Relationship to Veteran**