



Date Rec'd:	_____
Entered By:	_____
Date Entered:	_____

2025 Membership Transmittal

Remit Dues to: American Legion Auxiliary
 20 W. 12th St. Room #314
 St. Paul, MN 55155

Unit #	Location	District	Date
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Person Completing form:	
Phone #:	Email:

Please list all members included in this transmittal. DO NOT list any PUFL members or on-line dues payments.

	ID Number	Last Name	First Name	JR-\$6.00	SR-\$30.00	Back Dues	Back Dues Year
1							
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Total # Members: _____

Total Amount of Membership Paid: \$ _____

Minus Available Credit: \$ _____

Total Check Amount: \$ _____

Check # _____

NOTE: Call/email the department office to check if you have an available credit to deduct from this transmittal.

Please Print Legibly...Thank you!



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20 W. 12th St. Room #314

St. Paul, MN 55155

Phone: 651-224-7634 Email: deptoffice@mnala.org

Member Data Form

** Does this person hold a Unit/District Officer/Chairmanship? ** YES NO

Unit/Position	and/or	District/Position
Member ID # <small>REQUIRED FOR ALL CHANGES</small>	Date	Current Unit #
Member Name <input type="checkbox"/> SR <input type="checkbox"/> JR		

Change Information (Select One)

<input type="checkbox"/> Deceased Date: _____	<input type="checkbox"/> HLM (Honorary Life Member)	<input type="checkbox"/> Rejoin <small>New application required after 3 years expired membership</small>
<input type="checkbox"/> Drop/Cancel Membership		
<small>You must check one of the reasons listed below. If you check "OTHER" you must include an explanation because the National database requires it. A membership cannot be cancelled without a reason.</small>		

Cancelation Reasons

<input type="checkbox"/> Department Problem	<input type="checkbox"/> Health/Age	<input type="checkbox"/> No Contact from Department
<input type="checkbox"/> Distance to Unit	<input type="checkbox"/> Unit Problems	<input type="checkbox"/> No Contact from Unit
<input type="checkbox"/> Dues Fee Unaffordable	<input type="checkbox"/> Meetings Inconvenient	<input type="checkbox"/> Post Problems
<input type="checkbox"/> Found other VSO	<input type="checkbox"/> Member Expelled	<input type="checkbox"/> Work/Other Commitments
<input type="checkbox"/> Other with Explanation		

Member's Old Information	Member's New Information
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone # _____	Phone # _____
Email _____	Email _____
<input type="checkbox"/> Continuous Years Correction _____	<input type="checkbox"/> Join Date Correction _____

Unit Transfers

Previous Unit Information	New Unit Information
Unit # _____ Dept. (State) _____	Unit # _____ Dept. (State) _____
Signature - Member (Required)	Signature - New Unit Membership Chairman (Required)

Signature of Person Submitting this Form
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Member's Old Information	Member's New Information
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone # _____	Phone # _____
Email _____	Email _____
<input type="checkbox"/> Continuous Years Correction _____	<input type="checkbox"/> Join Date Correction _____

Unit Transfers

Previous Unit Information	New Unit Information
Unit # _____ Dept. (State) _____	Unit # _____ Dept. (State) _____
Signature - Member (Required)	Signature - New Unit Membership Chairman (Required)

Signature of Person Submitting this Form
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Member's Old Information	Member's New Information
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone # _____	Phone # _____
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Previous Unit Information	New Unit Information
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Cancelation Reasons

<input type="checkbox"/> Department Problem	<input type="checkbox"/> Health/Age	<input type="checkbox"/> No Contact from Department
<input type="checkbox"/> Distance to Unit	<input type="checkbox"/> Unit Problems	<input type="checkbox"/> No Contact from Unit
<input type="checkbox"/> Dues Fee Unaffordable	<input type="checkbox"/> Meetings Inconvenient	<input type="checkbox"/> Post Problems
<input type="checkbox"/> Found other VSO	<input type="checkbox"/> Member Expelled	<input type="checkbox"/> Work/Other Commitments
<input type="checkbox"/> Other with Explanation		

Member's Old Information	Member's New Information
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone # _____	Phone # _____
Email _____	Email _____
<input type="checkbox"/> Continuous Years Correction _____	<input type="checkbox"/> Join Date Correction _____

Unit Transfers

Previous Unit Information	New Unit Information
Unit # _____ Dept. (State) _____	Unit # _____ Dept. (State) _____
Signature - Member (Required)	Signature - New Unit Membership Chairman (Required)

Signature of Person Submitting this Form
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This form and others can be found at <https://www.mnala.org/forms/>



20 W. 12th St. Room #314

St. Paul, MN 55155

Phone: 651-224-7634 Email: deptoffice@mnala.org

Member Data Form

** Does this person hold a Unit/District Officer/Chairmanship? ** YES NO

Unit/Position	and/or	District/Position
Member ID # <small>REQUIRED FOR ALL CHANGES</small>	Date	Current Unit #
Member Name <input type="checkbox"/> SR <input type="checkbox"/> JR		

Change Information (Select One)

<input type="checkbox"/> Deceased Date: _____	<input type="checkbox"/> HLM (Honorary Life Member)	<input type="checkbox"/> Rejoin <small>New application required after 3 years expired membership</small>
<input type="checkbox"/> Drop/Cancel Membership		
<small>You must check one of the reasons listed below. If you check "OTHER" you must include an explanation because the National database requires it. A membership cannot be cancelled without a reason.</small>		

Cancelation Reasons

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Member's Old Information	Member's New Information
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone # _____	Phone # _____
Email _____	Email _____
<input type="checkbox"/> Continuous Years Correction _____	<input type="checkbox"/> Join Date Correction _____

Unit Transfers

Previous Unit Information	New Unit Information
Unit # _____ Dept. (State) _____	Unit # _____ Dept. (State) _____
Signature - Member (Required)	Signature - New Unit Membership Chairman (Required)

Signature of Person Submitting this Form
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Member's Old Information	Member's New Information
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____
Phone # _____	Phone # _____
Email _____	Email _____
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Unit Transfers

Previous Unit Information	New Unit Information
Unit # _____ Dept. (State) _____	Unit # _____ Dept. (State) _____
Signature - Member (Required)	Signature - New Unit Membership Chairman (Required)

Signature of Person Submitting this Form _____

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