

# MEMBERSHIP TRANSMITTAL FORM

STATE: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

Name of person sending transmittal:

Return To (if different):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title in Chapter: \_\_\_\_\_

Title in Chapter: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

The following membership(s) for year \_\_\_\_\_ is/are submitted:

a. RENEWALS & REINSTATEMENTS:

1. \_\_\_\_\_ Member # \_\_\_\_\_

2. \_\_\_\_\_ Member # \_\_\_\_\_

3. \_\_\_\_\_ Member # \_\_\_\_\_

4. \_\_\_\_\_ Member # \_\_\_\_\_

5. \_\_\_\_\_ Member # \_\_\_\_\_

\_\_\_\_\_ x \$27.00 = \$ \_\_\_\_\_

b. NEW MEMBERS: (*Include new application form & DD214/ERB/ORB*)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_ x \$27.00 = \$ \_\_\_\_\_

c. ALL AMERICAN MEMBERS (PAID FOR AA LIFE): (*Include updated application*)

1. \_\_\_\_\_ @\$ \_\_\_\_\_ Dues \_\_\_ New / \_\_\_ Renewal from Annual

2. \_\_\_\_\_ @\$ \_\_\_\_\_ Dues \_\_\_ New / \_\_\_ Renewal from Annual

3. \_\_\_\_\_ @\$ \_\_\_\_\_ Dues \_\_\_ New / \_\_\_ Renewal from Annual

\_\_\_\_\_ x \$300.00 = \$ \_\_\_\_\_

d. Replacement Cards & Certificates:

1. \_\_\_\_\_ Member # \_\_\_\_\_ @\$ \_\_\_\_\_

2. \_\_\_\_\_ Member # \_\_\_\_\_ @\$ \_\_\_\_\_

Cards \_\_\_\_\_ x \$5.00 and/or Certificates \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

☑ SEE REVERSE

CHECK TOTAL: \$ \_\_\_\_\_

FOR CHANGES OF ADDRESS/TAPS/NOTES

TRANSMITTAL CONTINUATION SHEET

e. ADDRESS & TELEPHONE CHANGES/REMARKS/COMMENTS:

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f. TAPS: Whenever possible please include obit

NAME: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SURVIVED BY: (spouse) \_\_\_\_\_ (number of children) \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SURVIVED BY: (spouse) \_\_\_\_\_ (number of children) \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SURVIVED BY: (spouse) \_\_\_\_\_ (number of children) \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

SURVIVED BY: (spouse) \_\_\_\_\_ (number of children) \_\_\_\_\_

**Notes**

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