

Unit # _____
Date _____
Transmittal # _____

***919-832-7506 x 4 MEMBERSHIP TRANSMITTAL
 PO Box 46315 Raleigh NC 27620

Person completing form/Phone/Email _____

Total Jr's. Paid _____ x 8.50 = _____ TOTAL Members Paid # _____

Total Sr's. Paid _____ x 28.50 = _____ TOTAL \$ _____ Check # _____

***Please list last names in alphabetical order ***

	ALA ID NUMBER	LAST	FIRST	JR	SR	PUFL	BACK DUES
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