REPORT # LOCATION SQUADRON #

TO AVOID ERRORS, PLEASE USE SEPARATE FORM AND CHECK WHEN SUBMITTING PRIOR YEAR MEMBERSHIP

TO: The American Legion Date PO Box 140527

 Austin, TX 78714

NUMBER OF MEMBERS @ **$17.00** $

For the membership year **2025** (Payable to The American Legion, Department of Texas)

MEMBER NAME MEMBER ID NUMBER

**PLEASE ENSURE THAT THE NAMES LISTED AND THE MEMBERSHIP CARDS MATCH AND YOU ARE SENDING THE CORRECT AMOUNT OF DUES FOR THE NUMBER TRANSMITTED.**

**INCORRECT TRANSMITTAL WILL BE RETURNED AS WE CAN NO LONGER TRACK CREDITS/DEBITS.**

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 Adjutant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City Zip

PLEASE SEND ADDITIONAL BLANK MEMBERSHIP CARDS (SETS OF 27)