REPORT #_____LOCATION_____SQUADRON #_____

Please submit 2 copies of transmittal sheet, along with DEPARTMENT & NATIONAL portion of each Membership card.

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

TO: The American Legion
Department of Texas
PO Box 140527
Austin, TX 78714

Date _____

NUMBER OF MEMBERS _____ @ $15.00 $_____

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

MEMBER NAME	MEMBER ID NUMBER

LIST RETURN CARDS ON BACK

FOR DEPARTMENT USE ONLY

Members to Date _____

Credit _____

Amount Due _____

_____
Adjutant

_____
Address

_____
City Zip

PLEASE SEND ADDITIONAL BLANK MEMBERSHIP CARDS (SETS OF 27) _____

PLEASE INDICATE AMOUNT OF ANNUAL SQUADRON DUES _____