



SONS OF THE AMERICAN LEGION

MEMBERSHIP TRANSMITTAL

Report No.: _____ Squadron No.: _____ Date: _____

Located at: _____

IMPORTANT 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

Membership year: _____

Number of Members: _____ @ \$10.00 Total \$: _____ (Payable to The American Legion, Department of Texas)

MEMBER NAME

MEMBER ID NUMBER

LIST RETURN CARDS ON BACK

Please send additional blank membership cards (sets of 27):

Please indicate amount of annual Squadron Dues: \$ _____

FOR DEPARTMENT USE ONLY

Members to Date: _____

Credit: _____

Amount Due: _____

Squadron Adjutant: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Mail To: The American Legion
Department of Texas
P.O. Box 140527
Austin, TX 78714