Sons Membership Transmittal Form

TO: THE AMERICAN LEGION
DEPARTMENT of ALABAMA
P.O. BOX 1069
MONTGOMERY, AL 36101

SQUADRON: _____

ADDRESS: _____

_____

_____

TRANSMITTAL #: _____ **MEMBERSHIP YEAR:** _____

DATE: _____ *****ONLY ONE MEMBERSHIP YEAR PER TRANSMITTAL*****

SAL MEMBERS: _____ **X** **$13.00** **TOTAL:** _____

SAL MEMBERS: _____ **X** **$10.00** **TOTAL:** _____

NEW	RENEW	MEMBER #	NEW	RENEW	MEMBER #