

American Legion/SAL SUPPLY ORDER FORM

DATE: _____

POST/SQUADRON _____

FROM: _____ Adjutant/Finance Officer

I request that the following supplies be sent to support our Membership Program

<u>ITEM</u>	<u>QUANTITY</u>
Post Transmittal Forms	_____
Membership Applications (Pads of 10)	_____
Member Data Forms (<u>Info changes, transfers, deceased</u>)	_____
Membership Brochures (Why You Should Belong)	_____
Blank Renewal Membership Cards	_____
Certificates of Initiation	_____
Certification of Continuous Membership (American Legion) (Order Form for Continuous Year Cards)	_____

I would like you to send me: _____

Please send to the following address:

Name: _____

Address: _____

City: _____ Zip _____