

POST MEMBERSHIP TRANSMITTAL

NOTE: Fill in all spaces below, sign and mail the white copy with your check and membership cards to The American Legion, Department of North Carolina, P. O. Box 26657, Raleigh, NC 27611. Retain the yellow copy for your records. Department will not return any copies.

TO: DEPARTMENT MEMBERSHIP COORDINATOR

Date _____, 20 ____

Enclosed is check # _____ dated _____, 20 ____

in the amount of \$ _____ for 20 ____ Dept. and National Dues

for _____ members @ \$27.50 each, and _____ Dept. Record Cards.

VSF Contribution Amount \$ _____. Check # _____

NC Battleship Cont. Amt. \$ _____. Check # _____

POST RECORD

Total Previously Transmitted _____

+

Total This Transmittal _____

+

PUFL's _____

+

Online Renewals _____

=

Total Membership To Date _____

Post No. _____ District No. _____

Located at _____, NC

Adjutant/Finance Officer

Street Address

City, State & Zip Code

Telephone

Email Address

Post's Remarks: