

SAL MEMBERSHIP TRANSMITTAL

NOTE: Fill in all spaces below (except for Department Use Only), 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 SAL COORDINATOR



Date _____, 20 ____

Enclosed is check # _____ dated _____, 20 ____

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

for _____ members @ \$12.00 each, and _____ SAL Record Cards.

Check if you need more forms.

Squadron No. _____ District No. _____

Located at _____, NC

Adjutant/Finance Officer

Street Address

City, State & Zip Code

Telephone

**FOR DEPARTMENT
USE ONLY**

DEPT. RECORD

SQD RECORD

Total Previously Transmitted _____

+

Total This Transmittal _____

=

Total Membership To Date _____

Squadron Remarks: