

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 @ \$7.00 each, and _____ SAL Record Cards.

Check if you need more forms.

	SQD RECORD	
Total Previously Transmitted	_____	
+		
Total This Transmittal	_____	
=		
Total Membership To Date	_____	

FOR DEPARTMENT USE ONLY

DEPT. RECORD	_____
_____	_____
_____	_____

Squadron No. _____ District No. _____

Located at _____, NC

_____ Adjutant Finance Officer

_____ Street Address

_____ City, State & Zip Code

_____ Telephone

Squadron Remarks: