

2007-2008 SUPPLY ORDER FORM

DATE: _____

MEMO TO: Department Headquarters

FROM: _____ Adjutant Post _____

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 (change of address, deceased, etc)	_____
Membership Brochures	_____
Certificates of Initiation	_____
Certification of Continuous Membership (Order Form for Continuous year Cards)	_____
Membership Cards	_____
Paid-Up-for-Life Membership Applications	_____
Post Adjutants Manual	_____

Please send to the following address:

Name: _____

Address: _____

City & Zip: _____