

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 @ \$22.50 each, and _____ Dept. Record Cards.

VSF Contribution Amount \$ _____ Check # _____

POST RECORD

Total Previously Transmitted _____

+

Total This Transmittal _____

=

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: