

DATE: _____

MEMBERSHIP TRANSMITTAL FORM THE AMERICAN LEGION – DEPT OF VT P O BOX 396, 126 STATE STREET MONTPELIER, VT 05601-0396

TO: DEPT. HEADQUARTERS

POST NAME & NUM	BER	# OF CARDS REMITTED	AMOUNT ENCLOSE
THER MONEY ENCLOSED FOR	<u> </u>		
REDIT TAKEN:			
OTAL AMOUNT ENCLOSED			
ATE:		Signature/Title:	
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Signature/Title: _____