

MEMBERSHIP TRANSMITTAL FORM
SONS OF THE AMERICAN LEGION, DETACHMENT OF INDIANA

To: Indiana American Legion
ATTN: SAL
5440 Herbert Lord Road
Indianapolis, IN 46216



Transmittal # _____ Card Year _____ Date _____
From: _____ / _____
Squadron / District Squadron City

Check/Money Order # _____ for \$ _____ or Cash \$ _____ to cover per capita for _____ member cards.

Renewal cards this transmittal _____
Paying transfers in _____
New cards this transmittal _____
Cards prior transmittal _____
Total cards to date _____
Signature _____

Department Use Only
\$ _____ AMOUNT
_____ # OF CARDS
_____ POSTED BY
_____ DATE

Distribution: White copy to department headquarters; yellow copy retained by squadron.

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