

**MEMBERSHIP TRANSMITTAL FORM
THE AMERICAN LEGION, DEPARTMENT OF INDIANA**

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



Transmittal# _____ Card Year _____ Date _____

From: _____ / _____
Post / District Post City

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

Renewal cards this transmittal _____

Paying transfers in _____

New cards this transmittal _____

Cards prior transmittal _____

Total cards to date _____

Signature _____

\$ _____
AMOUNT

OF CARDS

POSTED BY

DATE

Paid online _____

Non-paying transfers in _____

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

New consists of members who are new to The American Legion or a member that has been expired for **more than** 2 years.

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