REMITTANCE SHEET - MUST ACCOMPANY ALL MEMBERSHIP CARD

The American Legion MEMBERSHIP YEAR _____ Department of Michigan 212 N Verlinden Ave Ste A NO. _____ DATE _____ 20____ Lansing, Michigan 48915 POST NAME _____ NEW MEMBERS POST NUMBER _____ RENEWALS/CURRENT YEAR UNPAID TRANSFERS POST LOCATION _____ = # CARDS ENCLOSED x \$39.50 \$ _____ TOTAL REMITTANCE * *DO NOT ADD ONLINE & DECEASED TO TOTAL NAME & TITLE _____ CHECK NUMBER TRANSFERS ENCLOSED (PAYED CURRENT YEAR TO FORMER POST)-DATA FORMS REQUIRED FOR ALL TRANSFERS REMARKS: MAIL WHITE ORIGINAL TO DEPARTMENT HEADQUARTERS WITH DEPARTMENT RECORD - KEEP YELLOW COPY FOR YOUR FILE REMITTANCE SHEET – MUST ACCOMPANY ALL MEMBERSHIP CARD The American Legion MEMBERSHIP YEAR _____ Department of Michigan 212 N Verlinden Ave Ste A NO._____ DATE ______20____ Lansing, Michigan 48915 POST NAME _____ NEW MEMBERS POST NUMBER _____ RENEWALS/CURRENT YEAR UNPAID TRANSFERS POST LOCATION = # CARDS ENCLOSED x \$39.50 (SIGNED) \$ TOTAL REMITTANCE * *DO NOT ADD ONLINE & DECEASED TO TOTAL

MAIL WHITE ORIGINAL TO DEPARTMENT HEADQUARTERS WITH DEPARTMENT RECORD - KEEP YELLOW COPY FOR YOUR FILE

TRANSFERS ENCLOSED (PAYED CURRENT YEAR TO FORMER POST)-DATA FORMS REQUIRED FOR ALL TRANSFERS

NAME & TITLE _____

CHECK NUMBER _____