REPORT #LOCATION	SQUADRON #
TO AVOID ERRORS, PLEASE USE SEPARATE FORM	AND CHECK WHEN SUBMITTING PRIOR YEAR MEMBERSHIP
TO: The American Legion PO Box 140527 Austin, TX 78714	Date
NUMBER OF MEMBERS	@ \$15.00 \$
For the membership year 2024 Texas)	(Payable to The American Legion, Department of
MEMBER NAME	MEMBER ID NUMBER

PLEASE ENSURE THAT THE NAMES LISTED AND THE MEMBERSHIP CARDS MATCH AND YOU ARE SENDING THE CORRECT AMOUNT OF DUES FOR THE NUMBER TRANSMITTED.

INCORRECT TRANSMITTAL WILL BE RETURNED AS WE CAN NO LONGER TRACK CREDITS/DEBITS.

Adjutant

Address

City

Zip

PLEASE SEND ADDITIONAL BLANK MEMBERSHIP CARDS (SETS OF 27)