REPORT # LOCATION SQUADRON #

TO AVOID ERRORS, PLEASE USE SEPARATE FORM AND CHECK WHEN SUBMITTING PRIOR YEAR MEMBERSHIP

TO: The American Legion Date PO Box 140527

Austin, TX 78714

NUMBER OF MEMBERS @ **$17.00** $

For the membership year **2026** (Payable to The American Legion, Department of Texas)

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)