

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 _____ @ **\$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) _____