



**MEMBERSHIP TRANSMITTAL FORM
THE AMERICAN LEGION – DEPT OF VT
P O BOX 396, 126 STATE STREET
MONTPELIER, VT 05601-0396**

TO: DEPT. HEADQUARTERS

WITH PAYMENT OF DEPARTMENT DUES FOR THE YEAR: _____

	POST NAME & NUMBER	# OF CARDS REMITTED	AMOUNT ENCLOSED

OTHER MONEY ENCLOSED FOR:	
CREDIT TAKEN:	
TOTAL AMOUNT ENCLOSED	

DATE: _____

Signature/Title: _____



**MEMBERSHIP TRANSMITTAL FORM
THE AMERICAN LEGION – DEPT OF VT
P O BOX 396, 126 STATE STREET
MONTPELIER, VT 05601-0396**

TO: DEPT. HEADQUARTERS

WITH PAYMENT OF DEPARTMENT DUES FOR THE YEAR: _____

	POST NAME & NUMBER	# OF CARDS REMITTED	AMOUNT ENCLOSED

OTHER MONEY ENCLOSED FOR:	
CREDIT TAKEN:	
TOTAL AMOUNT ENCLOSED	

DATE: _____

Signature/Title: _____