



**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: \_\_\_\_\_**

	<b>POST NAME &amp; NUMBER</b>	<b># OF CARDS REMITTED</b>	<b>AMOUNT ENCLOSED</b>

<b>OTHER MONEY ENCLOSED FOR:</b>	
<b>CREDIT TAKEN:</b>	
<b>TOTAL AMOUNT ENCLOSED</b>	

**DATE:** \_\_\_\_\_

**Signature/Title:** \_\_\_\_\_



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