TRANSMITTAL OF DEPARTMENT RECORD CARDS 2017

Sons of The American Legion

TO: DEPARTMENT ADJUTANT, THE AMERICAN LEGION
DEPARTMENT OF WASHINGTON
3600 RUDDELL RD SE
LACEY, WA 98503

FROM: ______ | ______ | ______
(Squadron No.) (District) (Squadron Name)

2017 Department Record Card Transmittal
(Card Year)

Enclosed M.O./Check No. ________ for $ ________

Per capita for (Qty) ________ Members. | DO NOT USE THIS SPACE

DEPARTMENT RECORD CARDS - Transmittal #	
Total Cards this Transmittal ________	
Total Cards prior Transmittals ________	
Total Cards Transmitted to Date ________	

Prepared by ________________ (Name) ________ (Date)

(Address) ________________

(City) ________________ Zip Code ________

TRANSMITTAL # __ TOTAL PAGES ATTACHED: __

ALL DEPARTMENT RECORD CARDS BEING FORWARDED TO DEPARTMENT HEADQUARTERS MUST BE ACCOMPANIED BY THIS TRANSMITTAL FORM

PER CAPITA WASHINGTON IS: $ 13.00
PER CAPITA NATIONAL IS: $ 2.00
TOTAL PER CAPITA: $ 15.00

Instructions for Preparing

Make certain amount of check or money order is correct for number of Department Record Cards being transmitted. MAKE A SEPARATE CHECK FOR REGULAR MEMBERSHIP AND PAID-UP FOR LIFE APPLICATION.

Please make a separate check and transmittal if paying for prior year.

Number Transmittals in consecutive order in space designated above and at left.

When separating Department Record Card from the Members Card, use extreme care not to separate left and right side of Department Record Card.

Do not roll, fold, staple or mutilate cards. Send flat

USE THIS SPACE TO LIST ALL LAST NAMES OF MEMBERS AND THE MEMBERS COMPLETE MEMBERSHIP CARD NUMBER.
Leave in alphabetical order – Thank You.

(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
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(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)

DEPARTMENT INFORMATION – (DO NOT USE THIS SPACE)

Number of Cards **Year** **Recorded: PMT XTM MBR**

Amt. ________ **M.O./Check No.** ________

(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
(Members Last Name)	(Membership Number)	(Members Last Name)	(Membership Number)
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