

# TRANSMITTAL OF DEPARTMENT RECORD CARDS 2019

## Sons of The American Legion

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

TRANSMITTAL # \_\_\_\_\_ TOTAL PAGES ATTACHED: \_\_\_\_

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

**FROM:** \_\_\_\_\_  
(Squadron No.) (District) (Squadron Name)

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

\_\_\_\_\_ Department Record Card Transmittal  
(Card Year)

Enclosed M.O./Check No. \_\_\_\_\_ for \$ \_\_\_\_\_

Per capita for (Qty) _____ Members.	DO NOT USE THIS SPACE
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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 \_\_\_\_\_

**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)
(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)
(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)
(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. \_\_\_\_\_