



MEMBERSHIP TRANSMITTAL FORM

**TO: DEPARTMENT HEADQUARTERS VT
THE AMERICAN LEGION
P O Box 396, 126 State St
Montpelier VT 05601-0396**

In payment of Department Dues for the Year: _____

Transmittal #: _____

SQUADRON NAME & NUMBER	# OF CARDS REMITTED	AMOUNT ENCLOSED

PLEASE BE SURE TO PUT CARDS IN ALPHABETICAL ORDER. THANK YOU!!!

OTHER MONEY ENCLOSED FOR:		
TOTAL AMOUNT ENCLOSED:		

Date: _____ Signature/Title: _____



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