



MEMBERSHIP TRANSMITTAL FORM

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

**\$10 Per Membership Card
for 2020 cards**

In payment of Detachment 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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