TRANSMITTAL OF LEGION MEMBERSHIP CARDS

Mail to:
The American Legion
Department of Texas
PO Box 140527
Austin, TX. 78714

From:
Post Name & No. _____
Address _____
City / Zip _____
Daytime Phone _____

New Members _____ Renewals _____

Membership Year _____ Check/MO No. _____ Amount $ _____

Make Check payable to **The American Legion, Department of Texas** **$40.00** per member

MAKE SEPARATE CHECKS FOR DIFFERENT MEMBERSHIP YEAR **ENCLOSE CARD SECTIONS #1 & #2 DO NOT SEPARATE**

PLEASE ENSURE THAT THE NAMES LISTED BELOW AND TH EMEMBERSHIP CARDS MATCH AND YOU ARE SENDING THE CORRECT AMOUNT OF DUES FOR THE NUMBER TRANSMITTED.

INCORRECT TRANSMITTAL WILL BE RETURNED AS WE CAN NO LONGER TRACK CREDITS/DEBITS.

Membership Number (9 digits)	Member Name	Membership Number (9 digits)	Member Name

DO NOT REQUEST SUPPLIES ON THIS FORM