

Membership Transmittal Form

ENCLOSE CHECK FOR MEMBERSHIP DUES ONLY

Date _____

DISTRICT DUES PER MEMBER:

1st\$1.50
2nd\$1.00
3rd\$1.50
4th\$1.00
5th\$2.00
6th\$1.25
7th\$2.00
8th\$2.00
9th\$2.00

Department Dues \$15.50

National Dues \$18.50

\$34.00

_____ Members @ \$34.00 = \$ _____

_____ Members @ \$_____ = \$ _____ (District Dues)

Use Credit/Pay Debit _____

TOTAL = \$ _____

Enclosed is check no. _____ for \$ _____ In payment of dues in District _____

Post No. _____ of _____ by _____
Post Location Adjutant / Finance Officer

Address, Town & Zip Code _____ Phone No. (_____) _____

Make checks payable to:

**Iowa Department, The American Legion
720 Lyon St., Des Moines, IA 50309-5481**

All dues subject to change when so authorized by District, Department or National Convention Mandates.

IF THIS IS YOUR LAST TRANSMITTAL FORM, PLEASE CHECK HERE

NOTE: DO NOT include other charges such as Boys State Fees, supplies, freight charges, Paid-Up-For-Life membership, etc., in check for membership dues.

Send: WHITE Copy to Iowa Department — CANARY is for your records.