

**American Legion Riders Of Alabama
Membership Transmittal Form**

Chapter # _____

City _____

	Membership #	Name	Phone	email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total number of transmittals _____

X \$5.00

Total money enclosed \$ _____

Submitted By _____

Date _____

Membership number is the member's Legion, Auxiliary or SAL membership number with a L, A or S at the end of it.

Make Check Payable to: Department of Alabama

Put "Riders Dues" in the Memo

**Mail to: American Legion Riders
American Legion Dept of Alabama
PO Box 1069
Montgomery AL 36101**