Sons Membership Transmittal Form

TO: THE AME	RICAN LEGION							
DEPARTMENT of ALABAMA								
P.O. BOX 1	P.O. BOX 1069							
MONTGO	MERY, AL 36101							
SQUADRON:								
ADDRESS:			_					
ADDICESS.			_					
,			-					
			-					
TRANSMITTAL #:			MEMBERS	SHIP YEAR:				
DATE:		***ONI V ON	JE MEMRERSHII	P YEAR PER TRAN	ISMITTAI ***			
DATE:		ONE! OF	AE IVIEIVIDENSIIII	r ILAN FEN INAN	ISWIII IAL			
SAL MEMBERS:		x	\$13.00	TOTAL:				

NEW	RENEW	MEMBER #	NEW	RENEW	MEMBER #
INEVV	KEINEVV	IVIEIVIDER #	INEVV	KEINEVV	IVIEIVIDEN #