

MEMBERSHIP TRANSMITTAL FORM  
SONS OF THE AMERICAN LEGION, DETACHMENT OF INDIANA

To: Indiana American Legion  
ATTN: SAL  
5440 Herbert Lord Road  
Indianapolis, IN 46216



Transmittal # \_\_\_\_\_ Card Year \_\_\_\_\_ Date \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_  
Squadron / District Squadron City

Check/Money Order # \_\_\_\_\_ for \$ \_\_\_\_\_ or Cash \$ \_\_\_\_\_ to cover per capita for \_\_\_\_\_ member cards.

Renewal cards this transmittal \_\_\_\_\_

Paying transfers in \_\_\_\_\_

New cards this transmittal \_\_\_\_\_

Cards prior transmittal \_\_\_\_\_

Total cards to date \_\_\_\_\_

Signature \_\_\_\_\_

Department Use Only
\$ _____
AMOUNT
_____
# OF CARDS
_____
POSTED BY
_____
DATE

Distribution: White copy to department headquarters; yellow copy retained by squadron.

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