

NATIONAL TWENTY AND FOUR THE HONOR SOCIETY OF WOMEN LEGIONNAIRES



MEMBERSHIP MONEY TRANSMITTAL

Date: _____

For Year: _____

From: _____ Echelon _____ State _____
(NAME & TITLE/ADDRESS/EMAIL/PHONE)

20&4 YEARS	AMERICAN LEGION		NAME/ADDRESS/EMAIL/PHONE	TYPE
	MEMBER ID #	POST #		
				<input type="checkbox"/> RENEW <input type="checkbox"/> NEW <input type="checkbox"/> REINSTATE
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Enclosed: _____ dollars (\$_____) for _____ members

Receipt Acknowledged: _____ Date: _____