Remittance Sheet: Fill Out in Duplicate. Send 1 with Department Record Cards

REPORT NO_____

_____ NO._____

Post Location

DISTRICT_____

Date_____

TO: Department Adjutant
The American Legion
P.O. Box 179
Jefferson City, MO 65102

FILLABLE OFF WEB PAGE

Member $37.50

$ 0.00

For the year 2025 (Payable to The American Legion, Department of Missouri

(DO NOT INCLUDE OTHER PAYMENTS IN THE MEMBERSHIP CHECK)

LIST OF MEMBERS	MEMBER ID NUMBER