Remittance Sheet: Fill Out and send with Department Record Cards. DUPLICATE as needed.

REPORT NO.________________

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

_______________NO._______
Post Location
DISTRICT___________________
Date______________________

____________________Members @ $32.50 $__________________________

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

(DO NOT INCLUDE OTHER PAYMENTS IN THE MEMBERSHIP CHECK)

LIST OF MEMBERS	MEMBER ID NUMBER