ALR Membership Transmittal Sheet

This form must be submitted with all membership dues

Mail to:
American Legion Dept of Missouri
Attn: American Legion Riders
PO Box 179
Jefferson City MO 65102-0179

Chapter Number: _______________
Date: _________________________
Members: ________ @ $4.00 ea.
Enclosed $_____________

FULL NAME	LEGION ID#	RIDER #	YEAR PAYING	CHECK #