

2008

Sons of The American Legion

DETACHMENT OF MINNESOTA

20 w. 12th St., Room 300A

ST. PAUL, MINNESOTA 55155-2000

Date _____

WEEKLY MEMBERSHIP TRANSMITTAL

DETACHMENT DUES	\$3.75
NATIONAL DUES (Incl. Nat'l Magazine)	\$2.00
LEGION HOSPITAL ASSN.....	\$.25
DISTRICT DUES.....	\$2.00

TOTAL TO SEND FOR EACH MEMBER ----- = \$8.00



Squad # _____ District _____

Renewals / Transfers _____

New Members _____

TOTAL # OF MEMBERS _____ x \$ 8.00 = \$ _____

(SEE TOTAL ABOVE)

From SQUAD NAME _____ by _____
(City or Post name) (Signature)

Enclosed is Check # _____ for \$ _____

DUES SUBJECT TO CHANGE WITHOUT NOTICE WHEN SO MANDATED BY DISTRICT, DEPARTMENT, OR NATIONAL CONVENTIONS.

Make checks payable to:
The American Legion, Department of Minnesota