



The American Legion
DEPARTMENT OF MINNESOTA
20 W. 12th ST., ROOM 300-A
ST. PAUL, MN 55155-2000

2011

Date _____

WEEKLY MEMBERSHIP TRANSMITTAL

DEPARTMENT DUES (Incl. MN Legionnaire) ----- \$10.50
 NATIONAL DUES (Incl. Nat'l Magazine) ----- \$13.50
 LEGION HOSPITAL ASSN----- \$.25

Total Department Dues ----- \$24.25
 Your District Dues ----- + _____

TOTAL TO SEND FOR EACH MEMBER _____ = _____

District Dues
 1ST ----- \$2.50
 2ND ----- \$2.50
 3RD ----- \$2.50
 4TH ----- \$2.75
 5TH ----- \$3.00
 6TH ----- \$2.50
 7TH ----- \$3.00
 8TH ----- \$2.25
 9TH ----- \$3.50
 10TH ----- \$2.00

POST # _____ DISTRICT # _____

of Renewals _____
 # of New Members _____

TOTAL # OF MEMBERS _____ x \$ _____ = \$ _____
 (SEE TOTAL ABOVE)

From POST 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