

**2012**

**Sons of The American Legion**

**DETACHMENT OF MINNESOTA  
20 w. 12<sup>th</sup> 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

**2012**

**Detachment At  
Large**

**Sons of The American Legion**

**DETACHMENT OF MINNESOTA  
20 w. 12<sup>th</sup> St., Room 300A  
ST. PAUL, MINNESOTA 55155-2000**

Date \_\_\_\_\_

**DETACHMENT AT LARGE 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**



District # \_\_\_\_\_

Renewals / Transfers _____
New Members _____

TOTAL # OF MEMBERS \_\_\_\_\_ x **\$ 8.00** = \$ \_\_\_\_\_  
(SEE TOTAL ABOVE)

From SQUAD # \_\_\_\_\_ SQUAD NAME \_\_\_\_\_ by \_\_\_\_\_  
(City or Post name) (Name - Print)

Enclosed is Check # \_\_\_\_\_ for \$ \_\_\_\_\_

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The American Legion, Department of Minnesota