



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

**2010**

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  
 1<sup>ST</sup> ----- \$2.50  
 2<sup>ND</sup> ----- \$2.50  
 3<sup>RD</sup> ----- \$2.50  
 4<sup>TH</sup> ----- \$2.75  
 5<sup>TH</sup> ----- \$3.00  
 6<sup>TH</sup> ----- \$2.50  
 7<sup>TH</sup> ----- \$3.00  
 8<sup>TH</sup> ----- \$2.25  
 9<sup>TH</sup> ----- \$3.50  
 10<sup>TH</sup> ----- \$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**