



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

2010

Date _____

AT LARGE TRANSMITTAL FORM

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

DISTRICT # _____

of Renewals _____
 # of New Members _____

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

(SEE TOTAL ABOVE)

From POST # _____ of _____ (City or Post name) by _____ (Signature)

Enclosed is Check # _____ for \$ _____

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

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