



**SONS OF THE AMERICAN LEGION
DEPARTMENT OF VIRGINIA, INC.
SQUADRON MEMBERSHIP TRANSMITTAL**

NOTE: Fill in all spaces below and mail TOP copy along with your check and membership cards to The American Legion Department of Virginia, P.O. Box 11025, Richmond, Virginia 23230. A receipt matching your copy will be returned to you.

QUESTIONS OR PROBLEMS CONTACT membership secretary (804) 353-6606 or
e-mail: membership@valegion.org

Squadron: _____
 Check Date: _____
 Check #: _____
 Check Amount: _____
 Membership Year: _____
 # Dept. Cards Sent: _____
 # New Members: _____
 # Renewals: _____

POST REMARKS

Name _____
(Authorized Post Officer)

Address _____

White - Dept. Copy
 Yellow - Post Copy



**SONS OF THE AMERICAN LEGION
DEPARTMENT OF VIRGINIA, INC.
SQUADRON MEMBERSHIP TRANSMITTAL**

NOTE: Fill in all spaces below and mail TOP copy along with your check and membership cards to The American Legion Department of Virginia, P.O. Box 11025, Richmond, Virginia 23230. A receipt matching your copy will be returned to you.

QUESTIONS OR PROBLEMS CONTACT membership secretary (804) 353-6606 or
e-mail: membership@valegion.org

Squadron: _____
 Check Date: _____
 Check #: _____
 Check Amount: _____
 Membership Year: _____
 # Dept. Cards Sent: _____
 # New Members: _____
 # Renewals: _____

POST REMARKS

Name _____
(Authorized Post Officer)

Address _____

White - Dept. Copy
 Yellow - Post Copy