

Sons of The American Legion Dues Transmittal Form

	THE AMERICAN LEGION				
<u>SEND TO:</u>	DEPARTMENT OF MASSACHUSETTS, INC.				
	546-2 STATE HOUSE				
	BOSTON, MA 02133				
SQUADRON # _____					
Name	Member #	2018	2019	Date Rec'd	Date Sent
1					
2					
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24					
TOTAL TRANSMITTALS	AMOUNT SENT	Date Transmitted to Dept			
_____	_____	_____			
Make Checks Payable to: The Department of Massachusetts (In memo Section write: S.A.L. Dues)					
Keep a copy for Squadron Records / Make additional copies if necessary					
<u>PER CAPITA FOR ALL 2018 TRANSMITTALS IS \$7.00</u>					
<u>PER CAPITA FOR ALL 2019 TRANSMITTALS IS \$7.00</u>					