

MEMBERSHIP DUES TRANSMITTAL

Post # _____

District # _____

Transmittal # _____

Date _____

**The American Legion, Department of Louisiana
P. O. Box 3749
Baton Rouge, LA 70821**

New _____ X \$29.50 = \$ _____

Renewal 2019 _____ X \$29.50 = \$ _____

Renewal 2018 _____ X \$29.50 = \$ _____

Renewal Other X \$29.50 = \$ _____
(Specify Year) _____

SAL 2019 _____ X \$ 8.00 = \$ _____

SAL 2018 _____ X \$ 8.00 = \$ _____

SAL Other _____ X \$ 8.00 = \$ _____

Honorary Life Member _____ X \$29.50 = \$ _____

Transfer _____ X \$29.50 = \$ _____

Deceased _____

Total \$ _____

Check # _____

Signature: _____ Print _____

Title: _____ Contact # _____

***Note: If you would like to list the members by name, just attach to this form.**

**Thank you
Denise Honore' (225) 219-1944
Membership Desk**

*****YOU DO NOT HAVE TO SEND MEMBERSHIP
CARDS FOR ONLINE PAYMENTS*****