

SAL MEMBERSHIP TRANSMITTAL REPORT # ____ for 20 ____

Enclosed is Check # _____, totaling \$ _____ in payment of National and Department dues **(\$7.00)** for the following members at Squadron # _____, located in _____, Wyoming.

Date _____

By: _____

Make check payable to: **The American Legion, Dept of Wyoming**
 Send completed form to: **1320 Hugur Ave. Cheyenne, WY 82001**

Please indicate after each member their category with a checkmark: R = Renewal, N = New Member, NP = Newspaper

NAME	MEMBERSHIP NUMBER	R	N	NP
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Use reverse side of this form if necessary. Previous number of members transmitted: _____

Number of members on this transmittal _____

TOTAL MEMBERSHIP TO DATE _____

NAME	MEMBERSHIP NUMBER	R	N	NP
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