



**SONS OF THE AMERICAN LEGION
DETACHMENT OF MASSACHUSETTS**

Membership Transmittal Form

MEMORANDUM FOR DEPARTMENT ADJUTANT Date: _____

FROM: Squadron: _____ # _____

Membership Transmittal Number: _____

1. Enclosed is a transmittal of _____ Membership Cards. (line 1)

Total previously paid: (line a)

Total membership paid on this transmittal: (line b)

Total membership to date: (line c)

2. National and Department per capita dues. Check number _____ made out for \$ _____
is enclosed.

*(Make check payable to "DEPARTMENT OF MASSACHUSETTS" in the amount of \$5.00 per member,
and forward to the Department Adjutant.)*

Department of Massachusetts, Inc. 546-2 State House Boston MA 02133

3. Card forwarded on this transmittal are as follows:

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

Name & Card # _____

4. Remarks _____

Squadron Adjutant or other Official _____