



SAL Membership Transmittal Sheet

Squadron# _____ Date _____ Check# _____

Phone # _____

Name of person completing this form (PRINT CLEARLY) _____

Number of renewals	_____	@ \$11.00 each =	_____
Number of new members	_____	@ \$11.00 each =	_____
Number of paying transfers	_____	@ \$11.00 each =	_____
Total number of paid cards	_____	Amount of check	_____
Number of non-paying transfers	_____	Number of replacement cards	_____



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