Squadron \# $\qquad$ Date $\qquad$ Check \# $\qquad$

| Name of person completing this form (PRINT CLEARLY) |
| :--- |
| Number of renewals |
| Number of new members |
| Number of paying transfers |
| Total number of paid cards |

@ \$11.00 each = $\qquad$
@ $\$ 11.00$ each = $\qquad$
@ \$11.00 each = $\qquad$

Amount of Check $\qquad$

Number of non-paying transfers $\qquad$
Phone \# $\qquad$
Name of person completing this form (PRINT CLEARLY)


Mail Form to: PO BOX 547859, Orlando, FL 32854

SONS OF The American Legion DETACHMENT OF FLORIDA

SQUADRON MEMBERSHIP
Transmittal SheET

Squadron \# $\qquad$ Date $\qquad$ Check \# $\qquad$

| Name of person completing this form (PRINT CLEARLY) |
| :--- |
| Number of renewals |
| Number of new members |
| Number of paying transfers |
| Total number of paid cards |

Number of non-paying transfers $\qquad$
@ $\$ 11.00$ each = $\qquad$
@ $\$ 11.00$ each = $\qquad$
@ $\$ 11.00$ each = $\qquad$

Amount of Check $\qquad$

Number of replacement cards $\qquad$

