Sons of The American Legion Detachment of Florida



Squadron #	Date	Check #	
Name of person completing this form (PRINT CLEARLY)	Phone	e #	
Number of <b>renewals</b>	@ \$11.00 eac	h =	
Number of <b>new members</b>	@ \$11.00 eac	h =	
Number of paying transfers	@ \$11.00 eac	h =	
Total number of paid cards	Amount of Ch	neck	
Number of non-paying transfers	Number of re	placement cards	
Mail Form to: PO BOX 547859, Orlando, FL 32854			
Sons of The American Legion Detachment of Florida		Squadron Membership Transmittal Sheet	
Squadron #	Date	Check #	
Name of person completing this form (PRINT CLEARLY)	Phone	e #	
Number of <b>renewals</b>	@ \$11.00 eac	h =	
Number of <b>new members</b>	@ \$11.00 each =		
Number of <b>paying transfers</b>	@ \$11.00 each =		
Total number of paid cards	Amount of Ch	Amount of Check	
Number of non-paying transfers	Number of replacement cards		