

The American Legion

DEPARTMENT OF MINNESOTA

20 W. 12th ST., ROOM 300-A

ST. PAUL, MN 55155-2000

***2021***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKLY MEMBERSHIP TRANSMITTAL

District Dues

1ST $3.50

2ND $3.00

3RD $3.00

4TH $2.75

5TH $4.00

6TH $3.00

7TH $4.00

8TH $2.25

9TH $3.50

10TH $3.00

DEPARTMENT DUES (Incl. MN Legionnaire) $13.50

NATIONAL DUES (Incl. Nat'l Magazine) $18.50

LEGION HOSPITAL ASSN $.25

\_\_\_\_\_

Total Department Dues $32.25

***Your District Dues + \_\_\_\_\_\_***

**TOTAL TO SEND FOR EACH MEMBER = \_\_\_\_\_\_**

***DISTRICT # \_\_\_\_\_ POST* #\_\_\_\_\_\_\_\_\_\_\_\_\_**

Renewals \_\_\_\_\_\_\_

New Members \_\_\_\_\_\_\_

TOTAL # OF MEMBERS \_\_\_\_\_\_\_\_ x $\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_

(SEE TOTAL ABOVE)

From POST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City or Post name) (Signature)

Make checks payable to:

**The American Legion, Department of Minnesota**

Enclosed is Check #\_\_\_\_\_\_\_\_\_for $\_\_\_\_\_\_\_\_\_ Credit $\_\_\_\_\_\_\_\_\_

DUES SUBJECT TO CHANGE WITHOUT NOTICE WHEN SO MANDATED BY DISTRICT, DEPARTMENT, OR NATIONAL CONVENTIONS.