

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.