THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE

DUES TRANSMITTAL NO. _____ FOR _____ DATE _____ POST NO. _____

ENCLOSED ARE CARDS FOR MEMBERSHIPS YEAR _____ NO. OF CARDS _____ AMOUNT MONEY _____

PLEASE INDICATE IN COLUMNS BELOW. *LIST ALL NINE DIGITS ON EACH CARD.*

TOTAL MEMBERSHIP PAID ON THIS TRANSMITTAL _____

TOTAL MEMBERSHIP PREVIOUSLY PAID _____

TOTAL MEMBERSHIP PAID TO DATE _____

_____
(Signed)

Acknowledged _____
(Department Adjutant)

_____
(Address)