

**Sons of the
American Legion**
Department of Michigan
212 North Verlinden
Lansing, Michigan 48915

**REMITTANCE SHEET
MUST ACCOMPANY ALL REMITTANCES**



MEMBERSHIP YEAR

NO. _____ DATE _____ 20_____

SQUAD NAME _____

_____ NEW MEMBERS

SQUAD NUMBER _____

_____ RENEWALS

SQUAD LOCATION _____

_____ TOTAL CARDS x \$11.00

(SIGNED) _____

\$_____ TOTAL REMITTANCE

TITLE _____

CHECK NUMBER _____

REMARKS _____

MAIL WHITE ORIGINAL TO DEPARTMENT HEADQUARTERS WITH DEPARTMENT RECORD - KEEP YELLOW COPY FOR YOUR FILE

To submit Form electronically, Download this form to your device, complete all fields and then click "Submit" below.