

# TRANSMITTAL DETACHMENT RECORD CARDS AND PER CAPITA TAX

**TO:** DEPARTMENT ADJUTANT, THE AMERICAN LEGION  
 DEPARTMENT OF CALIFORNIA  
 1601 7<sup>th</sup> St.  
 Sanger, CA., 93657-2801

**ALL DETACHMENT RECORD CARDS AND PER CAPITA  
 TAX BEING FORWARDED TO DEPARTMENT MUST BE  
 ACCOMPANIED BY THIS TRANSMITTAL FORM**

**FROM:** \_\_\_\_\_  
(Squadron No.) (District) (Squadron Name)

**SAL PER CAPITA TAX FOR CALIFORNIA IS:**

**\$8.00**

\_\_\_\_\_ Detachment Record Card Transmittal  
(Card Year)

Enclosed M.O./Check No. \_\_\_\_\_ for \$ \_\_\_\_\_

To cover per capita tax for \_\_\_\_\_ Members.

DO NOT USE  
THIS SPACE

**DETACHMENT RECORD CARDS**

Total Cards this Transmittal No. \_\_\_\_\_  
 Total Cards prior Transmittals \_\_\_\_\_  
 Total Cards Transmitted to Date \_\_\_\_\_

Prepared by \_\_\_\_\_  
(Name) (Date)

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ Zip Code \_\_\_\_\_

(Contact Telephone Number) \_\_\_\_\_

Make certain amount of check or money order is correct for number of Detachment Record Cards being transmitted.

Number Transmittals in consecutive order in space designated No. following 'Total Cards this Transmittal'

When separating Detachment Record Card from the Members Card, use extreme care not to separate left and right side of Detachment Record Card.

Do not roll, fold, or mutilate cards. Send flat

**VOIDED CARDS:** Deceased; Unknown; Duplicate; Non-Renewal; etc. Void such cards by writing across members card and Detachment Record Card appropriate wording. Prepare a special transmittal form by filling in the upper two lines and bottom three lines on the left side of this form. On reverse side of such special transmittal, list in numerical sequence such voided cards being transmitted. Wrap special transmittal form and voided cards with a rubber band or string and forward to Department for credit against number of cards originally issued to your Squadron.

**USE THIS SPACE TO LIST ALL LAST NAMES OF MEMBERS AND THE MEMBERS COMPLETE MEMBERSHIP CARD NUMBER. DO NOT DETACH – leave in alphabetical order – Thank You.**

(Members Last Name & First Initial)	(Membership Number)
(Members Last Name & First Initial)	(Membership Number)
(Members Last Name & First Initial)	(Membership Number)
(Members Last Name & First Initial)	(Membership Number)
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Number of Cards \_\_\_\_\_ Year \_\_\_\_\_ DEPARTMENT INFORMATION – (DO NOT USE THIS SPACE) Recorded \_\_\_\_\_  
 Amt. \_\_\_\_\_ M.O./Check No. \_\_\_\_\_

**Revised October 13, 2015**

