

TRANSMITTAL DETACHMENT RECORD CARDS AND PER CAPITA TAX

TO: DEPARTMENT ADJUTANT, THE AMERICAN LEGION
DEPARTMENT OF CALIFORNIA
1601 7th 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:

\$11.00

\$5.00 goes to National & \$6.00 goes to Detachment for a total of \$11.00

_____ Detachment Record Card Transmittal
(Card Year)

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

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

To cover per capita tax for _____ Members.

DO NOT USE
THIS SPACE

DETACHMENT RECORD CARDS

Total Cards this Transmittal No. _____

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

Total Cards prior Transmittals _____

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

Total Cards Transmitted to Date _____

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

Prepared by _____
(Name) (Date)

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.

(Address) _____

(City) _____ Zip Code _____

(Contact Telephone Number) _____

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)
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(Members Last Name & First Initial)	(Membership Number)

Number of Cards _____ Year _____ DEPARTMENT INFORMATION – (DO NOT USE THIS SPACE) Recorded _____

Amt. _____ M.O./Check No. _____

Revised October 13, 2015

