ALR Membership Transmittal Sheet

This form must be submitted with all membership

Mail to:
The American Legion, Dept. of MO
Attn: Legion Riders
PO Box 179
Jefferson City, MO 65102-0179

Chapter Name:________________No.______
Date:_____________________
# of Members_______________@$4.00 Each
Enclosed $____________

Full Name	Legion Family ID # (TAL, Aux., or SAL)	Rider #	Year Paying	Check #