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| **DEPARTMENT OF NEW YORK**  **POST DUES TRANSMITTAL** | |
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|  | **MEMBERSHIP YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRANSMITTAL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **POST # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **TRANSMITTED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **PHONE/EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **MEMBER TYPE** | **# CURRENT YEAR CARDS** | | **# LAST YEAR CARDS** | **B**  **L**  **A**  **N**  **K** |
| **RENEWAL** |  | |  |
| **NEW/REINSTATED** |  | | **B L A N K** |
| **TOTAL** |  | |  | **TOTAL CARDS**  (Current Year + Last Year) |
| **B L A N K** | | | | **X $34.50 + County per Capita** |
| **TOTAL DUE**  **$** |
|  | | | | |
| **CHECK #** | | **CHECK AMOUNT** | | |
| **#** | | **$** | | |

PLEASE MAKE CHECK PAYABLE TO: THE AMERICAN LEGION, DEPARTMENT OF NEW YORK

PLEASE SEE INSTRUCTIONS AMD NOTES ON THE BACK OF THIS FORM

PLEASE SEND ONE COPY EACH TO DEPARTMENT AND COUNTY, AND RETAIN ONE FOR YOUR POST RECORDS

**EXPLANATIONS**

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| Renewal Member: |  | A continuous annual renewal, including members transferring in who are paying dues to your Post. |
| New/Reinstated Member: |  | A member who was not a member in the previous membership year, including brand new members that have never belonged before and reinstatements who have lost their continuity. |

**PLEASE NOTE**

Do not send Department Record Cards for members whose dues are not being paid with this transmittal.

(Cards marked “Deceased” may be sent in the same envelope, but please do not mix in with renewal cards)

Do not send Department Record Cards for members who are transferring into your Post unless their annual dues are being submitted at this time.

Do not send Department Record Cards for members who are applying for Paid Up For Life (Pufl) membership and do not include Pufl payments for new sign-ups with your membership transmittal.

Please check the box on the Department Record Card marked “Update record changes as noted” if you are making changes to any member info directly on the card. If this box is not checked, your changes may not be recorded.

Please do not use tape or staples to reattach cards that have accidentally been separated. This leads to torn and damaged cards during processing.

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| Mail completed Transmittal Form and Department Record Cards with Payment in Full to:  The American Legion, Dept. of New York  112 State St Suite 1300  Albany, NY 12207  Att: Membership Processing  If there are any questions, please contact Dept. Headquarters at:  Phone: 518-463-2215 Email: [info@nylegion.org](mailto:info@nylegion.org) Website: [www.nylegion.net](http://www.nylegion.net) |