SAL Membership Transmittal Sheet

Squadron # _____ Date _____ Check # _____

_____ Phone # _____

Name of person completing this form (Print Clear)

Number of renewals	_____	@ $6.00 each =	_____
Number of new members	_____	@ $6.00 each =	_____
Number of paying transfers	_____	@ $6.00 each =	_____
Total number of paid cards	_____	Amount of check: $	_____
Number of non-paying transfers	_____	Number of replacement cards	_____

LIST ONLY Non-paying transfers & replacement cards

ID #	NAME

Duplicate as necessary

KEEP A COPY FOR SQUADRON RECORDS