

CREDIT CARD AUTHORIZATION

To be used for Walk-Ins only

THE AMERICAN LEGION

MEMBERSHIP PAYMENT AND RECEIPT

DUES: _____

_____ Member Name (PLEASE PRINT CLEARLY) _____ Member ID Number _____ Post #

Master Card Visa Discover

----- - ----- - ----- Card Number ----- / -----
Month Year
Card Expiration Date

Member: _____
(CARD HOLDERS SIGNATURE REQUIRED)

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DUPLICATE AS NECESSARY