

DEPARTMENT CREDIT CARD TRANSMITTAL FORM

Complete and mail with membership cards

Post # _____ Date _____

Phone# _____

This Transmittal Prepared by: **(Print Clearly)** _____

Number of Credit Cards: @ \$ _____ * each = _____

Full Post dues amount Total Amount

Membership Card and Credit Card information needed in order to be processed.

* Amount of dues charged by your Post

This form should be used **every time** you send Credit Cards to Department
Duplicate as necessary

LIST all Credit Card Members below. (This form will be returned with the Membership Statement only if the members' name and ID# are listed below).

ID#	Member Name	(For Dept. use only)	
		Approved	Declined

Duplicate as Necessary