Request for Legion Supplies

Date_____

Post #_____ Request from_____ | _____
Please Print ID #

Post Shipping Address _____
(NO PO Boxes)

City/State/Zip _____

Quantity	Stock No.	Description	Quantity Shipped
	30-001	Member Data Forms (100 count)	
	30-005	Certificate of Initiation (single)	
	30-006	First Dues Notice	
	30-007	Second Dues Notice	
	30-008	Third Dues Notice	
	30-009	Membership Applications	
	30-185	Why You Should Belong	
		Welcome Booklet (for new mbrs)	
		Family Brochure	
		$1000 Accidental Death Request	
	----------	Your American Legion/SAL Benefits https://www.legion.org/veteransbenefits/military-veteran-discounts	No longer available through Department Headquarters
	----------	Paid Up For Life Brochure	Contact National: www.legion.org

Allow approximately 1 - 2 weeks for delivery

Send To: The American Legion
ATTN: Membership
PO Box 547859
Orlando, FL 32854-7859

Fax: 407/299-0901
Email: igraham@floridalegion.org

Do Not Write Below Line

For Department Use Only
Date Received_____ Date Shipped_____