



## SAL Membership Transmittal Sheet

Squadron# \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

Phone # \_\_\_\_\_

Name of person completing this form (PRINT CLEARLY) \_\_\_\_\_

Number of renewals	_____	@ \$8.00 each =	_____
Number of new members	_____	@ \$8.00 each =	_____
Number of paying transfers	_____	@ \$8.00 each =	_____
Total number of paid cards	_____	Amount of check	_____
Number of non-paying transfers	_____	Number of replacement cards	_____

---

## SAL Membership Transmittal Sheet

Squadron# \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

Phone # \_\_\_\_\_

Name of person completing this form (PRINT CLEARLY) \_\_\_\_\_

Number of renewals	_____	@ \$8.00 each =	_____
Number of new members	_____	@ \$8.00 each =	_____
Number of paying transfers	_____	@ \$8.00 each =	_____
Total number of paid cards	_____	Amount of check	_____
Number of non-paying transfers	_____	Number of replacement cards	_____