

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 _____

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