

# Request Legion Supplies



Complete (print or type) the form below and send to:

The American Legion, Department of Florida

or

**Fax:** (407) 299-0901

Attn: Membership

**Email:** [membership@floridalegion.org](mailto:membership@floridalegion.org)

PO Box 547859

Orlando, FL 32854-7859

Date \_\_\_\_\_ Post# \_\_\_\_\_

Requestor \_\_\_\_\_ ID# \_\_\_\_\_

Post Address \_\_\_\_\_  
*(Shipping Address, No PO Boxes)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Quantity	Stock No.	Description
	30-001	Member Data Form (100 per pack)*
	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 Pads (10 per pad)*
	30-185	Why You Should Belong (50 per pack)
		Join Our Family Brochure*
		How Belonging Benefits You*
	13-333	Welcome Booklet (for new members)
		Paid Up for Life Brochure**
		Your American Legion/SAL Benefits**
		\$1,000 Accidental Death Request***

\*Available at [floridalegion.org](http://floridalegion.org). \*\*Available at [legion.org](http://legion.org). \*\*\*Mailed to members from LIT.

**Allow 1-2 weeks for delivery**

**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY**

Date Received \_\_\_\_\_ Date Shipped \_\_\_\_\_