

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

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
	30-005	Certificate of Initiation (single)
	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*
		Essential Planning Guide
	13-333	Welcome Booklet (for new members)

**Available at floridalegion.org. **Available at legion.org.*

These forms are only available online:

Member Data Form, Paid Up for Life Brochure**, and Your American Legion/SAL Benefits**.*

Allow 1-2 weeks for delivery

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

Date Received _____ Date Shipped _____