# TRANSMITTAL OF DEPARTMENT RECORD CARDS AND PER CAPITA TAX

**TRANSMITTAL # ___** **TOTAL PAGES ATTACHED: ___**

**TO:** DEPARTMENT ADJUTANT:
**THE AMERICAN LEGION**
**DEPARTMENT OF CALIFORNIA**
1601 7TH Street
Sanger, CA 93657-2801

**ALL DEPARTMENT RECORD CARDS AND PER CAPITA TAX BEING FORWARDED TO DEPARTMENT HEADQUARTERS MUST BE ACCOMPANIED BY THIS TRANSMITTAL FORM**

**FROM:** _____ (Post No.) _____ (District) _____ (Post Name)

_____ (Card Year) Department Record Card Transmittal

**PER CAPITA TAX FOR CALIFORNIA IS:**

**$43.50** (Effective July 1, 2025)

Enclosed M.O./Check No. _____ for $ _____

To cover per capita tax for _____ Members.

DO NOT USE THIS SPACE

**DEPARTMENT RECORD CARDS - Transmittal #**

Total Cards this Transmittal _____

Total Cards prior Transmittals _____

Total Cards Transmitted to Date _____

Prepared by _____ (Name) _____ (Date)

(Address) _____

(City) _____ Zip Code _____

**Instructions for Preparing**

Make certain amount of check or money order is correct for number of Department Record Cards being transmitted. MAKE A SEPARATE CHECK FOR REGULAR MEMBERSHIP AND PAID-UP FOR LIFE APPLICATION.

**Please make a separate check and transmittal if paying for prior year.**

Number Transmittals in consecutive order in space designated above and at left.

When separating Department Record Card from the Members Card, use extreme care not to separate left and right side of Department Record Card.

Do not roll, fold, or mutilate cards. Send flat

**VOIDED CARDS:**
Deceased; Unknown; Duplicate; Non-Renewal; etc. Void such cards by writing across members card and Department Record Card appropriate wording.

Prepare a special transmittal form by filling in the upper two lines and bottom three lines on the left side of this form. On reverse side of such special transmittal, list in numerical sequence such voided cards being transmitted.

Wrap special transmittal form and voided cards with a rubber band or string and forward to Department for credit against number of cards originally issued to your Post.

USE THIS SPACE TO LIST ALL LAST NAMES OF MEMBERS AND THE MEMBERS COMPLETE MEMBERSHIP CARD NUMBER. DO NOT DETACH – leave in alphabetical order – Thank You.

| (Members Last Name) | (Membership Number) | | (Members Last Name) | (Membership Number) |
|---|---|---|---|---|
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| | | 2 | | |
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| | | 13 | | |
| | | 14 | | |

Number of Cards Year DEPARTMENT INFORMATION – (DO NOT USE THIS SPACE) Recorded

Amt. _____ M.O./Check No. _____

## TRANSMITTAL OF DEPARTMENT RECORD CARDS AND PER CAPITA TAX – OVERFLOW SHEET

**FROM POST #:** _____



| (Members Last Name) | (Membership Number) | | (Members Last Name) | (Membership Number) |
|---|---|---|---|---|
| | | 1 | | |
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