

THE AMERICAN LEGION
DEPARTMENT OF



OHIO

Membership Card Shipping Request Form

Please complete this form and mail it with payment to:

The American Legion Department of Ohio
60 Big Run Rd
Delaware, OH 43015

Checks must be made payable to **The American Legion Department of Ohio**.
Please include in the memo line: **“For Post / Squadron Membership Cards Shipping.”**

Information

Organization Type: Post Squadron

Number: _____ District _____

Post / Squadron Name: _____

Shipping Information

Ship Membership Cards To:

Name: _____

Title/Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I certify that I am authorized to request shipment of membership cards for the above-listed Post / Squadron.

Adjutant Signature: _____

Printed Name: _____

Date: _____ Check Number: _____