gion Members. This will enable these members to immediately start receiving direct billing notice embership dues to our Post.		
<u>NAME</u>	ADRESS/CITY/ZIP	MEMBERSHIF NUMBER
	<u> </u>	
	<u> </u>	

FROM: ILLINOIS AMERICAN LEGION POST #\_\_\_\_\_

Duplicate as needed and mail completed form(s) to:

The American Legion
Department of Illinois
PO Box 2910
Bloomington, IL 61702

**DELETE CODE "C"**