



Squadron # _____

District# _____

Transmittal # _____

Date: _____

*This form should be attached every time you submit membership in the event Department
May need to contact you. Membership Chairman may change each year.*

**Membership should be mailed to: The American Legion, Department of Louisiana
Post Office Box 3749 / Baton Rouge, LA 70821**

New 2026 _____ X \$11.00 = \$_____.00

Renewal 2026 _____ X \$11.00 = \$_____.00

Renewal 2025 _____ X \$11.00 = \$_____.00

Renewal 2024 _____ X \$11.00 = \$_____.00

Deceased _____

Transfer _____

Total: \$ _____

Check # _____

Name: _____

Title: _____

Contact # _____

Address: _____

City, State, Zip: _____

**Thank You
Membership Desk
225-219-1944**

**All life membership applications should be mailed to Chairman Camille LeJeune at 13917 Ventress Road
/ Ventress, LA 70783. An application can be found at: www.louisianasal.org**