

APPLICATION FOR MEMBERSHIP

Sons of The American Legion

Date _____

RECEIPT

Detachment of _____ Squadron No. _____ Birth Date _____

Date _____

Name _____ Recruited by _____
(First) (Initial) (Last) (Initial) (Last)

Received from:

Address _____
(Street) (City) (State) (Zip) (Telephone)

Veteran through whom eligibility is established _____

\$ _____

(a) Above is a member in good standing of Post No. _____ Department of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

for payment

(c) Relationship of Applicant to Veteran _____

Has Applicant previously been a member of the SAL? _____ Where? _____

Squadron _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address _____ Transmit \$ _____

Detachment of _____

Signed _____ Eligibility certified by _____
By Applicant or Parent)