



# SONS OF THE AMERICAN LEGION - MEMBERSHIP APPLICATION

Date \_\_\_\_\_ Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_ Recruited By \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

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 \_\_\_\_\_

(c) Relationship of Applicant to Veteran \_\_\_\_\_

(Has Applicant previously been a member of the SAL? \_\_\_\_\_ Where? \_\_\_\_\_)

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

E-mail Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_ for 20 \_\_\_\_\_ annual membership dues

Signed By Applicant (or Parent) \_\_\_\_\_

Eligibility certified by \_\_\_\_\_

Dues Receipt  
(Please Print)



Date \_\_\_\_\_

Received From \_\_\_\_\_

Dues \_\_\_\_\_ for year \_\_\_\_\_

Squadron No. \_\_\_\_\_

Department of \_\_\_\_\_



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