

Sons of The American Legion Membership Application

Detachment of _____ Squadron No. _____ Birth Date _____ Date _____

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

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

E-mail Address _____ Telephone _____

Veteran through whom eligibility is established _____

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

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

(c) Relationship of Applicant to Veteran _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ _____ as annual membership dues.

Signed _____ (By Applicant or Parent)

Eligibility certified by _____ (Post Adjutant) 00-001 (2003)

RECEIPT

Date _____ Received of _____

\$ _____ in payment of dues for 20 _____ in _____

For God and Country

Squadron _____ Detachment of _____

By WEBSITE

