

Sons of The American Legion Membership Application

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

Name _____ Recruited by _____
(First) (Initial) (Last) (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 (2014)

RECEIPT

Date _____ Received of _____



For God and Country

\$ _____ in payment of dues for 20 _____ in _____
Squadron _____ Detachment of _____
By _____

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