

**APPLICATION FOR MEMBERSHIP
Sons of The American Legion**

Date _____

Detachment of _____ Squadron No. _____ Birth Date _____

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

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 _____
(c) Relationship of Applicant to Veteran _____
Has Applicant previously been a member of the SAL? _____ Where? _____

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

Email Address _____ Transmit \$ _____ as year _____ annual membership dues

Signed _____ Eligibility certified by _____
By Applicant or Parent)

RECEIPT

Date _____

Received from: _____

\$ _____

for payment of _____ Dues

Squadron _____

Detachment of _____

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