

APPLICATION FOR MEMBERSHIP
Sons of The American Legion

Date _____

Detachment of _____ Squadron No. _____ BirthDate _____

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

Address _____ Telephone _____
 (Street)

 (City) (State) (Zip)

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 _____

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 transmit \$ _____ as annual membership dues.

Signed _____ Eligibility certified by _____
 By Applicant or Parent (Post Adjutant)