



Sons
Of The
American Legion

APPLICANTS 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. _____, Dept. of _____

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

(c) Relationship of Applicant to Veteran _____

Has 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 \$ __\$25.00__ as annual membership dues.

Signed _____
(By Applicant or Parent)

Eligibility certified by _____
(Post Adjutant)