

Sons of The American Legion Membership Application

Date _____

Detachment of _____ Squadron No. _____ Birth 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 send \$20 for Sr. Members (18 and up) or \$15 for Jr. Members (17 and under) as annual membership dues.

Signed _____
(By Applicant or Parent)

Eligibility certified by _____
(Post Adjutant)