Sons of The American Legion Membership Application

Detachment of __ Squadron No. __________ Birth Date __________ Date __________

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

Address ____________________________________________ Telephone __________

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 (2003)

RECEIPT

For God and Country________________________

$__________ accepted in payment of dues for 20 __________ in __________

Detachment of __________ Squadron No. __________

By ____________________________