

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

Transmit \$ \_\_\_\_\_ as 2014 annual membership dues.

Signed \_\_\_\_\_  
(By Applicant or Parent)

Eligibility certified by \_\_\_\_\_

RECEIPT

Date \_\_\_\_\_

Received from: \_\_\_\_\_

\$ \_\_\_\_\_

for payment of 2014 Dues

Squadron \_\_\_\_\_

Detachment of \_\_\_\_\_