

# Sons of The American Legion Membership Application

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_ 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 transmit \$ \_\_\_\_\_ as annual membership dues.

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

Eligibility certified by \_\_\_\_\_ Post Adjutant) \_\_\_\_\_

00-001 (2013)

## RECEIPT

Date \_\_\_\_\_

Received of \_\_\_\_\_

\$ \_\_\_\_\_ in payment of dues for 20 \_\_\_\_\_ in

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

By \_\_\_\_\_

