

APPLICATION FOR MEMBERSHIP
Sons of The American Legion

Date _____

RECEIPT

Date _____

Received from: _____

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 _____

for payment of 2010 Dues

(c) Relationship of Applicant to Veteran _____

Has Applicant previously been a member of the SAL? _____ Where? _____

Squadron _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address _____ Transmit \$ _____ as 2010 annual membership dues

Detachment of _____

Signed _____ Eligibility certified by _____

By Applicant or Parent)

Online version (2010)