

The Sons of the American Legion Membership Application

Detachment of _____ Squadron _____ Birth Date _____

Name _____ Recruited By _____

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

Email Address _____ Transmit \$ for 20__ annual dues



(Signature of applicant)

(Eligibility certified by)

Receipt of Dues

From _____ Squadron _____
\$ _____ for 20__
Recruiter's Name _____
Recruiter's Signature _____
Recruiter's Phone _____

