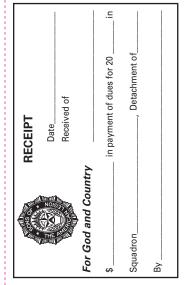
Sons of The American Legion Membership Application

Detachment of _	chment of Squadron No		Birth Date	Date	
Name(First)	(Initial)	(Last)	Recruited by	(Initial)	(Last)
Address	(S	treet)	(City)	(State)	(Zip)
E-mail Address _	il 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 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 (2020)					



Squadron Name: the Sons of The American Legion. honorable discharge from such service, shall be eligible for membership in Constitution of The American Legion, or who died subsequent to their delimiting periods set forth in Article IV, Section 1, of the National service during World War I or since December 7, 1941, during the American Legion, and such male descendants of veterans who died in All male descendants, adopted sons, and stepsons of members of The **WEMBERSHIP ELIGIBILITY**

Squadron e-mail:

Squadron Squadron

Phone #
Web site

Address: