

Application for Sons of The American Legion, Detachment of Arizona

Please complete the required information, to include the name and relationship of whom your eligibility is established through. You may take your application to your closest American Legion Post, Sons Squadron, or you can mail it into SONS of The American Legion, Detachment of Arizona, 4701 N. 19th Ave., Suite 200, Phoenix Az 85015-3799

Sons of The American Legion Membership Application

Detachment of **AZ** 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)

RECEIPT

Date _____
Received of _____

For God and Country

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

Squadron _____, Detachment of _____

By _____



Eligibility: All male descendants, adopted sons and stepsons of members of The American Legion, and such male descendants of veterans who died in service during World War I or since December 7, 1941, during the delimiting periods set forth in Article IV, Section 1, of the National Constitution of The American Legion or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of The American Legion. There shall be no form or class of membership except an active membership.