Detachment of Squadron No Birth Date	Sons o	f the American L	egion Membe	rship Applic	cation
Name (First) (Initial) (Last) (Initial) (Last) (Street) (City) (State) (Zip) (Street) Telephone (State) (Zip) (a) Above is a member in good standing of Post No , Dept. of (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, at transmit \$ as annual membership dues (By Applicant or Parent) Eligibility certified by				Date	
Address	Detachment of	Squadron No	Birth Date		
(Street) (City) (State) (Zip) E-mail Address			Recruited by	(Initial)	(Last)
E-mail Address	Address	(Street)	(City)	(State)	(Zip)
(a) Above is a member in good standing of Post No, Dept. of	E-mail Address				
(a) Above is a member in good standing of Post No, Dept. of	Veteran through whor	n eligibility is established			
(c) Relationship of Applicant to Veteran		, Dept. of _	Service Con-		
transmit \$ as annual membership dues. Signed (By Applicant or Parent) Eligibility certified by					0
(By Applicant or Parent)					membership, and
Eligibility certified by			Signed		
				(By Applicant or P	arent)
(Post Adjutant) 00-001 (20	Eligibility certified by		ljutant)		00-001 (200)

_ , Detachment of _ — in payment of dues for 20 RECEIPT Squadron