00-001 (2020)		(Post Adjutant)
	(By Applicant or Parent)	
		Signed
embership, and	n Legion, apply for m	I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$as annual membership dues.
	to	(c) Relationship of Applicant to Veteran
	, Dept. of	(a) Above is a member in good standing of Post No
	none	E-mail Address Telephone
(Zip)	(State)	(Street) (City)
(Last)	(Initial)	
		Name (First) (Initial) (Last) Recruited by
Date	Da	Detachment of Squadron No Birth Date
tion	ership Applica	Sons of The American Legion Membership Application

	RECEIPT
	Date Received of
For God and Cou	ntry
\$	in payment of dues for 20 in
Squadron	, Detachment of
Ву	

MEMBERSHIP 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.

Squadron Name:	
Squadron Address:	
Squadron Phone #:	
Squadron Web site:	
Squadron e-mail:	