



SONS OF THE AMERICAN LEGION - MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

Date _____

Detachment of _____ Squadron No. **222** Birth Date _____

Name _____ Recruited by _____
(First) (Initial) (Last) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip) (Phone)

Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____ Department of _____

OR (b) Above is 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 and apply for membership.

Email Address _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed by Applicant (or Parent) _____ Eligibility certified by Post Adjutant _____

_____ Date

_____ Received From

\$ **25.00** for 20 _____ Dues

_____ **222** _____
Squadron No.

_____ Department of

**Please bring this from, payment, and documents to American Legion Post 222 of Oakland Park, FL
4250 NE 5th Ave, Oakland Park, FL 33334**