



Sons of The American Legion Membership Application

Blanchard - Currey Squadron 1040

Delmar, New York 12054



Please print legibly

Date: _____

Name: _____
First M.I. Last

Address: _____
Street City State Zip Code

E-mail Address: _____

Telephone: _____ Birth Date: _____

Recruited / Sponsored by: _____
Print name of sponsoring member if you are joining this post OR "Transfer/Post No." if you are transferring

MEMBERSHIP ELIGIBILITY

All male descendants, adopted sons and step-sons of members of The American Legion and such descendants of veterans who died in the service during the period of April 6, 1917, through November 11, 1918, or any time from December 7, 1941, to date, who served honorably, as 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.

Name of **Veteran** through whom eligibility is established: _____

Relationship of Applicant to **Veteran** listed above: _____

Veteran is a member in good standing of Post No. _____ Dept. of _____
OR

Veteran is deceased and served honorably from _____ to _____

Proof Of Military Service (IE. DD214) MUST BE ATTACHED

For Transfer

Applicant was previously a member of SAL Squad No. _____ Where? _____
Town or City and State

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit **\$ 25.00** as my annual membership dues.

Signed: _____
Membership certified by

MEMBERSHIP APPLICATION RECEIPT – SONS OF THE AMERICAN LEGION

Date: _____

Applicant Name: _____ has submitted an application and **\$25.00** dues.

Membership meetings are held on the second Wednesday of each month.

Received by: _____

March 30, 2023