



Sons of The American Legion Post 15 Membership Application

Detachment of PA	Squadron No. 15	Birth Date (mm/dd/yyyy)	Date of Application (mm/dd/yyyy)
Full Name (First, Middle, Last)		Recruited By: (Initial, Last Name)	
Street Address		Telephone (Home)	(Cell)
City and State		Zip Code	
E-Mail Address (Please Print Clearly)			

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)

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, World War II, and Korean War, the Vietnam War, Lebanon, Grenada, and the Persian Gulf War, 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.

Note:

A copy of DD-214 or an honorable discharge paper or military correspondence identifying military service of ancestor to be submitted with this application.