

**APPLICATION FOR MEMBERSHIP  
Sons of The American Legion**

Date \_\_\_\_\_

**RECEIPT**

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_

Received from: \_\_\_\_\_

(First) (Initial) (Last) (Initial) (Last)

Address \_\_\_\_\_

(Street) (City) (State) (Zip) (Telephone)

Veteran through whom eligibility is established \_\_\_\_\_

\$ \_\_\_\_\_

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

OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

for payment of 2010 Dues

(c) Relationship of Applicant to Veteran \_\_\_\_\_

Has Applicant previously been a member of the SAL? \_\_\_\_\_ Where? \_\_\_\_\_

Squadron \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_ as 2010 annual membership dues

Detachment of \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

By Applicant or Parent)

Online version (2007)

