

## Sons of The American Legion Membership Application

Date  
( date format: mm/dd/yyyy - click inside box )

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
( date format: mm/dd/yyyy - click inside box )

Name (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_ Recruited by (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

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) \_\_\_\_\_

00-001



**RECEIPT**

Date \_\_\_\_\_  
( date format: mm/dd/yyyy - click inside box )

Received of \_\_\_\_\_

**For God and Country**

\$ \_\_\_\_\_ in payment of dues for 20 \_\_\_\_\_ in \_\_\_\_\_ Squadron \_\_\_\_\_, Detachment of \_\_\_\_\_

By \_\_\_\_\_ Squadron Officer