

### Sons of The American Legion Membership Application

Date  (select date from drop down menu by clicking inside box)

Detachment of  Squadron No.  Date of Birth  (select date from drop down menu by clicking inside box)

Name  (First)  (Initial)  (Last) Recruited by  (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  (select date from drop down menu by clicking inside box)

Received of

**For God and Country**

\$  in payment of dues for 20  in

Squadron  Detachment of

By

