



Sons of the American Legion Membership Application

Detachment of _____ Squadron # _____ Birth Date _____ Date _____

Name _____ Recruited by _____
(First) (Initial) (Last) (Initial) (Last)

Address _____

City _____ State _____ Zip _____

Email _____ Phone # _____

Veteran through whom eligibility is established _____

(A) Above is a member in good standing of Post #, _____ 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)