



Sons of the American Legion Membership Application

Squadron #641

Detachment of _____ Squadron No. _____ Birth Date ____/____/____ Date _____

NAME _____ Recruited By _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip)

Email Address _____ Phone _____

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 the annual membership dues.

SIGNED _____
(By Applicant or Parent)

Eligibility certified by _____ DD214 _____ Date _____
(Post Adjutant) (Y/N)

Approved or Denied by SAL Squad Membership this Date ____/____/20____
(SAL Adjutant)