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 Recruited by
(First) (Initial) (Last) (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)

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