

**APPLICATION FOR MEMBERSHIP
Sons of The American Legion**

Date _____

Detachment of _____ Squadron No. _____ Birth Date _____

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

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

Has Applicant previously been a member of the SAL? _____ Where? _____

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 (1987)



RECEIPT

Date _____
Received of _____
\$ _____ in payment of dues for 20 _____ in
Squadron _____, Detachment of _____
By _____

For God and Country

MEMBERSHIP ELIGIBILITY

All male descendants, adopted sons and stepsons of members of The American Legion, and such male descendants of veterans who died in service during World War I, World War II, and Korean War, the Vietnam War, Lebanon, Grenada, Panama, and the Persian Gulf War, during the delimiting periods set forth in Article IV, Section 1, of the National Constitution of The American Legion, or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of The American Legion.

Squadron 5 Dues \$25