

# Membership Application Sons of the American Legion

(Phone)

(Date)

(Dues)

(Name)

(Mailing Address)

(City)

(State)

(Zip)

Detachment of: \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Recruited by: \_\_\_\_\_

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 \_\_\_\_\_

Relationship of the Applicant to the 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

Signature of applicant or parent

## 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 the 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.

RECEIVED FROM: \_\_\_\_\_

\$ \_\_\_\_\_

FOR 200 \_\_\_\_\_ DUES IN SQUADRON # \_\_\_\_\_ DETACHMENT OF MAINE.

SIGNATURE \_\_\_\_\_

