

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 _____

