



APPLICATION FOR MEMBERSHIP
Sons of The American Legion

Date_____

Detachment of_____ Squadron No._____ Birth Date_____

Name_____ (First) (Initial) (Last)

Recruited by_____ (Initial) (Last)

Address_____ (Street) (City) (State) (Zip)

Veteran through whom eligibility is established_____

(a) Above is a member in good standing of Post No._____ Department of_____

OR (b) Above is a veteran who served honorably from_____ to_____

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

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address_____ Transmit \$_____ as annual membership dues

Signed_____ Eligibility certified by_____ (By Applicant or Parent)

RECEIPT

Date_____

Received from:

\$_____

for payment of Dues

Squadron_____

Detachment of_____