APPLICATION FOR MEMBERSHIP
Sons of The American Legion
Date__________________________

RECEIPT

Detachment of__________________  Squadron No__________________________  Birth Date_________________  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___________________ Department 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

Email Address__________________________________________               Transmit $_______

Signed_____________________________________________      Eligibility certified by _________________________________
By Applicant or Parent)

Online version (2012)