

Sons of The American Legion Membership Application

Detachment of ____ Squadron No. ____ Birth Date ____ Date ____

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

Address ____ (Street) ____ (City) ____ (State) ____ (Zip) ____

E-mail Address ____ 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 ____

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 (2016)



RECEIPT

Date ____
Received of ____

For God and Country

\$ ____ in payment of dues for 20 ____ in

Squadron ____, Detachment of ____

By ____

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 Name: _____

Squadron Address: _____

Squadron Phone #: _____

Squadron Web site: _____

Squadron e-mail: _____