

# Sons of The American Legion Membership Application

Date  
( date format: mm/dd/yyyy - click inside box )

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
( date format: mm/dd/yyyy - click inside box )

Name (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_ Recruited by (First) \_\_\_\_\_ (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



**RECEIPT**

Date \_\_\_\_\_  
( date format: mm/dd/yyyy - click inside box )

Received of \_\_\_\_\_

**For God and Country**

\$ \_\_\_\_\_ in payment of dues for 20 \_\_\_\_\_ in \_\_\_\_\_ Squadron, Detachment of \_\_\_\_\_

By \_\_\_\_\_ Squadron Officer

## **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 or since December 7, 1941, 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 Website

Squadron E-mail