

# Sons of The American Legion Membership Application

Detachment of  Squadron No.  Date of Birth   
(select date from drop down menu by clicking inside box)

Name  Recruited by   
(First) (Initial) (Last) (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   
(select date from drop down menu by clicking inside box)


Received of

\$  in payment of dues for 20  in  Detachment of

Squadron

By

**For God and Country**



### **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 Web site:

Squadron e-mail: