

**APPLICATION FOR MEMBERSHIP**  
**Sons of The American Legion**

Date \_\_\_\_\_

**RECEIPT**

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Date \_\_\_\_\_

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

Received from: \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_

\$ \_\_\_\_\_

for payment

Squadron \_\_\_\_\_

Veteran through whom eligibility is established \_\_\_\_\_ Department of \_\_\_\_\_  
(a) Above is a member in good standing of Post No. \_\_\_\_\_  
OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_  
(c) Relationship of Applicant to Veteran \_\_\_\_\_ Where? \_\_\_\_\_  
Has Applicant previously been a member of the S.A.L.? \_\_\_\_\_  
I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_

Detachment of \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_  
By Applicant or Parent

Online version (2012)