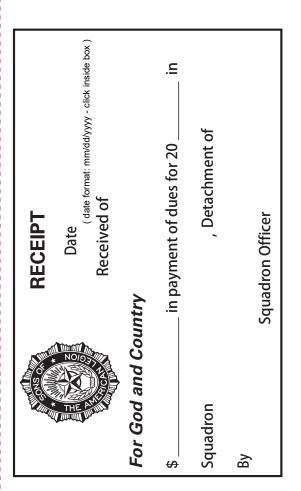
Sons of The American Legion Membership Application Date (date format: mm/dd/yyyy - click inside box) Detachment of Squadron No. Date of Birth (date format: mm/dd/yyyy - click inside box) Recruited by Name (First) (Initial) (Last) (First) (Initial) (Last) Address (City) (Zip) (Street) (State) Telephone E-mail Address 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 00-001 (Post Adjutant)



MEMBERSHIP ELIGIBILITY

the Sons of The American Legion. honorable discharge from such service, shall be eligible for membership in delimiting periods set forth in Article IV, Section 1, of the National service during World War I or since December 7, 1941, during the American Legion, and such male descendants of veterans who died in Constitution of The American Legion, or who died subsequent to their All male descendants, adopted sons, and stepsons of members of The

Squadron Name

Squadron Address

Squadron Phone #

Squadron Website

Squadron E-mail