



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Date _____

Detachment of _____ Squadron No. _____ Birth date _____

Name _____ Recruited by _____
First Initial Last Initial Last

Address _____
Street City State ZIP Phone

Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____ Department of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of applicant to veteran _____

Has applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.

Email _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

DUES RECEIPT (please print)

_____ Date

_____ Received from

\$ _____ for 20 _____ dues

_____ Squadron No.

_____ Department of

Mail Applicaton to: American Legion Post 1645, 177 Robinson St., Binghamton, NY 13904 Attn: SAL