Sons of The American Legion Membership Application

Date
(*select date from drop down menu by clicking inside box*)

Detachment of PA Squadron No. 024 Date of Birth
(*select date from drop down menu by clicking inside box*)

Name (First) (Initial) (Last) Recruited by (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 $30.00 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

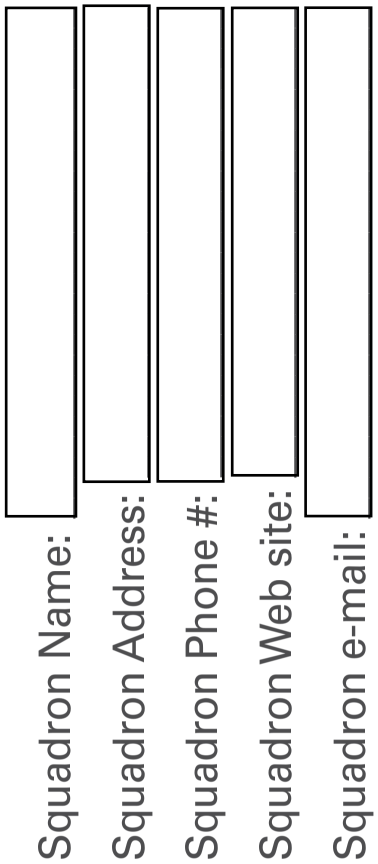
$

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.