APPLICATION FOR MEMBERSHIP Sons of The American Legion

Date			
Date			

Detachment of Squadron No		- 1				
Name	Recruited by					
(First) (Initi	al) (Last)			(Initial)	(Last)	
Address			View N			
(Street)	(City)	(State)	(Zip)	(Telephone)		
Veteran through whom	n eligibility is esta	ablished				
(a) Above is a member	r in good standi		, Dept. of			
OR (b) Above is a deceased veteran who served honorably fro				from to		
(c) Relationship of App	olicant to Veterar	1				
Has Applicant previou	sly been a mem	ber of the SAL?_	Where	?		
I hereby subscribe t	o the Constitutio	n of the Sons of	The American	Legion, apply for	r membership, and	
transmit \$	as annual mem	bership dues.			,	
		Signed				
			(B	(By Applicant or Parent)		
Eligibility certified by						
	35	Post Adjutant)			00-001 (1987)	