

<h1>Membership Application</h1>		<b>Sons of The American Legion</b> Squadron 365 1234 South Santa Fe Avenue Vista, CA 92084 (760) 726-0472	
Name:		Date:	
Address:			
City:			
State:		Zip:	
Phone - Home		Phone - Cell	
<b>EMAIL:</b>		Date of Birth:	
Signature of Applicant:			
Name of Recruiter:			

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 \_\_\_\_\_

OR - (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, apply for membership, and transmit \$ \_\_\_\_\_ as annual membership dues.

Signed \_\_\_\_\_


(By Applicant or Parent)

Eligibility certified by \_\_\_\_\_

(Post Adjutant)

### 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, World War II, and Korean War, the Vietnam War, Lebanon, Grenada, Panama, and the Persian Gulf War, during the delimiting periods set forth I 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. (See reverse for eligibility dates)

 <b>For God and Country</b>	<b>RECEIPT</b>
	Date _____
	Received of _____
	\$ _____ in payment of dues for 20 _____
	in Squadron _____, Detachment of _____
	By _____