

Sons of The American Legion Membership Application

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

Detachment of **CA** Squadron No. **419** Date of Birth
(select date from drop down menu by clicking inside box)

Name _____ Recruited by _____
(First) (Initial) (Last) (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 _____

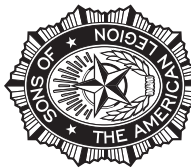
I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ _____ as annual membership dues.

Dues 2024-25:
\$25 (18+ yrs) or \$15 (17 yrs or less)

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 _____

For God and Country

\$ _____ in payment of dues for 20 _____ in _____

Squadron _____ Detachment of _____

By _____

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.

Squadron Name: _____

Squadron Address: _____

Squadron Phone #: _____

Squadron Web site: _____

Squadron e-mail: _____