

**APPLICATION FOR MEMBERSHIP**  
**Sons of The American Legion**

Date \_\_\_\_\_

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_  
(First) (Initial) (Last) (Initial) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (Telephone)

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 \_\_\_\_\_

(b) 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 pay \$35 as annual dues.

Email Address \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_  
By Applicant or Parent)

Web Application ver01rev00 07

**RECEIPT**

Date \_\_\_\_\_

Received from:  
\_\_\_\_\_

\$35.00 for payment of Annual Dues

Squadron 137

Detachment of Florida

