

# Sons of The American Legion Membership Application

Detachment of PA Squadron No. 0237 Birth Date \_\_\_\_\_ Date \_\_\_\_\_

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. **X**

Signed \_\_\_\_\_  
(By Applicant or Parent)

Eligibility certified by \_\_\_\_\_  
(Post Adjutant)