

APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion

Date _____

Detachment of _____ **TX** _____ Squadron No. _____ Birth Date _____

Name _____ E-mail Address _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip) (Telephone)

Transmit \$ _____ as 2008 annual membership dues.

Signed _____
(By Applicant or Parent)

RECEIPT

Date _____

Received from: _____

\$ _____

for 2008 Dues

Squadron _____
Detachment of TX

APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion

Date _____

Detachment of _____ **TX** _____ Squadron No. _____ Birth Date _____

Name _____ E-mail Address _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip) (Telephone)

Transmit \$ _____ as 2008 annual membership dues.

Signed _____
(By Applicant or Parent)

RECEIPT

Date _____

Received from: _____

\$ _____

for 2008 Dues

Squadron _____
Detachment of TX

APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion

Date _____

Detachment of _____ **TX** _____ Squadron No. _____ Birth Date _____

Name _____ E-mail Address _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip) (Telephone)

Transmit \$ _____ as 2008 annual membership dues.

Signed _____
(By Applicant or Parent)

RECEIPT

Date _____

Received from: _____

\$ _____

for 2008 Dues

Squadron _____
Detachment of TX