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 _____
(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 20___ annual membership dues.

Signed_____
(By Applicant or Parent)

Eligibility certified by _____

00-01 (1987)

RECEIPT

Date_____

Received from:

_____

$ _____

for payment of 20____ Dues

Squadron _____

Detachment of Texas

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 _____
(b) Above is a member in good standing of Post No._____ Department of _____
OR (b) Above is a deceased veteran who served honorably from _____ to _____
for payment of 20____ Dues
(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 20___ annual membership dues.

Signed_____
(By Applicant or Parent)

Eligibility certified by _____ 00-001 (1987)

RECEIPT

Date_____

Received from:

_____

$ _____

for payment of 2011 Dues

Squadron _____

Detachment of Texas

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 _____
(c) Above is a member in good standing of Post No._____ Department of _____
OR (b) Above is a deceased veteran who served honorably from _____ to _____
(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 20___ annual membership dues.

Signed_____
(By Applicant or Parent)

Eligibility certified by _____ 00-001 (1987)

RECEIPT

Date_____

Received from:

_____

$ _____

for payment of 20____ Dues

Squadron _____

Detachment of Texas