

APPLICATION FOR MEMBERSHIP
Sons of The American Legion

Date _____

Detachment of Minnesota, Squadron No. 303

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

Email Address _____ Transmit \$ _____ as _____ annual membership dues
(yyyy)

Signed _____ Eligibility certified by _____
By Applicant or Parent

RECEIPT

Date _____

Received from: _____

\$ _____

for payment of _____ Dues
(yyyy)
Squadron No. 303

Detachment of Minnesota