

APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion

Date _____

RECEIPT

Detachment of Minnesota, Squadron No. 303

Birth Date _____

Date _____

Name _____
(First) (Initial) (Last)

E-mail Address _____

Received from:

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

\$ _____

Transmit \$ _____ as _____ annual membership dues.
(yyyy)

Signed _____
(By Applicant or Parent)

for _____ Dues
(yyyy)
Squadron No. 303
Detachment of
Minnesota