



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____

Detachment of _____ Squadron No. _____ Birth Date _____

Name _____ (First) _____ (Initial) _____ (Last) Recruited by _____ (Initial) _____ (Last)

Address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____ (Phone)

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 \$ _____ for 20 _____ annual membership dues

Signed By Applicant (or Parent) _____ Eligibility certified by _____



DUES PAID YEARLY

Members - \$20

Please send check or money order with application to the address below.

**The American Legion Auxiliary
John Ivens Unit #42
P.O. Box 238
Williams, AZ 863023**

*Thank you
and welcome to
our Legion Family!*