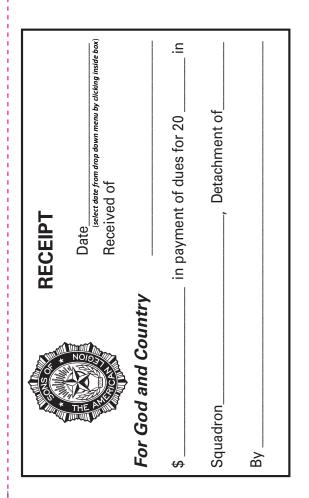
Sons of The American Legion Membership Application					
			Date (select date from	drop down menu by clicking inside box)	
Detachment of	Squadron No.	Date of Birth	date from drop down menu by clicki	ing inside box)	
Name Recruited by (Initial) (Last) (Last)					
			(Initial)	(Last)	
Address	(Street)	(City)	(State)	(Zip)	
E-mail Address _	Telephone				
Veteran through	whom eligibility is establis	hed			
(a) Above is a member in good standing of Post No			, Dept. of		
OR (b) Above is a deceased veteran who served honorably from to to					
(c) Relationship of Applicant to Veteran					
I hereby subsc	ribe to the Constitution of th as annual membershi	e Sons ofThe America			
		Signed	(By Applicant or Pare	ent)	
Eligibility certifie	d by(Post A	djutant)		00-001	



Squadron 21 dues are:

\$25 - 18 and older

\$13 - 17 and under

Make checks payable to Squadron 21

MEMBERSHIP ELIGIBILITY

service during World War I or since December 7, 1941, during the delimiting periods set forth in Article IV, Section 1, of the National American Legion, and such male descendants of veterans who died in the Sons of The American Legion. honorable discharge from such service, shall be eligible for membership in Constitution of The American Legion, or who died subsequent to their All male descendants, adopted sons, and stepsons of members of The

Squadron Name:	
Squadron Address:	
Squadron Phone #:	
Squadron Web site:	
Squadron e-mail:	