

**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

Email Address _____ Transmit \$20.00 for annual membership dues

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

Please print, complete and mail this application with \$20.00 dues to:

**American Legion Post 8
ATTN: SAL Commander
P.O. Box 513
Guntersville, AL 35976**

You must also provide proof of eligibility. A copy the DD-214 of the veteran with whom your eligibility is established should be submitted with this application.

