

APPLICATION FOR MEMBERSHIP Sons of The American Legion Date \_\_\_\_\_

Detachment of \_\_\_\_\_ Indiana \_\_\_\_\_ Squadron No. \_\_\_\_\_ 18 \_\_\_\_\_ 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 \$ \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

By Applicant or Parent) Online version (2012)