



# APPLICATION FOR MEMBERSHIP

## Sons of The American Legion

### PLEASE PRINT

Department of California      Squadron No. 0519      Date of Birth \_\_\_\_\_

Application Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_  
(First)      (Initial)      (Last)      (First)      (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Veteran through whom eligibility is established \_\_\_\_\_

(A) Above is a member in good standing of Post No. \_\_\_\_\_ Dept. of \_\_\_\_\_

(B) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

(C) Relationship of Applicant to Veteran \_\_\_\_\_

I hereby subscribe to the Constitution of The Sons of The American Legion, apply for membership, and transmit \$35.00 as annual membership dues.

Signed \_\_\_\_\_  
(By Applicant or Parent)

Eligibility certified by \_\_\_\_\_  
(Post Adjutant)