Sons of The American Legion

Membership Application

Date: _____

Detachment of: Massachusetts Squadron No. _____ Date of birth:_____

Name_____ Recruited by_____

Address_____

Email Address:_____ Telephone:_____

Veteran through whom eligibility is established_____

(a) Above is a member in good standing of Post No._____ , Dept. of_____

(b) **OR** 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 $_____ as annual membership dues.

Signed_____ (By Applicant or Parent)

Eligibility certified by_____ (Post Adjutant)

RECEIPT

Date_____

Received of _____

$ _____ in payment of dues for 20 _____ in

Squadron_____, Detachment of Massachusetts

By_____