

## **Instructions for filling out SAL application**

- 1) **Date** (Enter today's date)
- 2) **Detachment** (State Code for Squadron you want to join ex. IL for Illinois)
- 3) **Squadron Number** (Calumet Memorial Squadron # 330)
- 4) **Birth Date** (Enter your birthday)
- 5) **Name** (Enter your name)
- 6) **Recruited By** (Enter SAL, Legion or Auxiliary member recruiting you, this can be left blank)
- 7) **Address** (Enter your home address)
- 8) **E-mail Address**
- 9) **Telephone Number**
- 10) **Veteran whom Eligibility is established** (Enter the Veterans Name that would make you eligible for the SAL (**father, grandfather, step-father**))
  - a. **Post No.** (If veteran belongs to a Post enter that Post number & Dept. (State which post is in) OR
  - b. If veteran is deceased fill in from to dates that veteran served
  - c. **Relationship of Applicant to Veteran** (son, grandson, step-son)
- 11) **Sign application if 18 years of age**, otherwise have a parent or guardian sign application.
- 12) Submit to the Adjutant at your Squadron . . . . . **Congratulations !!!**

**Sons of The American Legion Membership Application**

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_

(First) (Initial) (Last) (Initial) (Last)

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

E-mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

(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 \_\_\_\_\_

(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)

00-001 (2003)

**RECEIPT**

Date \_\_\_\_\_ Received of \_\_\_\_\_

**For God and Country**

\$ \_\_\_\_\_ in payment of dues for 20 \_\_\_\_\_ in \_\_\_\_\_

Squadron \_\_\_\_\_, Detachment of \_\_\_\_\_

By \_\_\_\_\_

