

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 **2** Squadron No. **3** Birth Date **4** Date **1**

Name **5** (First) (Initial) (Last) Recruited by **6** (Initial) (Last)

Address **7** (Street) (City) (State) (Zip)

E-mail Address **8** Telephone **9**

Veteran through whom eligibility is established **10**

(a) Above is a member in good standing of Post No. **10A**, Dept. of _____

OR (b) Above is a deceased veteran who served honorably from **10B** to _____

(c) Relationship of Applicant to Veteran **10C**

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

Signed **11** (By Applicant or Parent)

Eligibility certified by _____ (Post Adjutant)

00-001 (2003)

RECEIPT

Date _____ Received of _____

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

For God and Country

Squadron _____, Detachment of _____

By _____

