

APPLICATION FOR MEMBERSHIP
Sons of The American Legion

Date _____

RECEIPT

Detachment of _____ Squadron No. _____ Birth Date _____

Date _____

Name (First) (Initial) (Last) Recruited by _____ (Initial) (Last)

Received from: _____

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 _____ Where? _____
Has Applicant previously been a member of the SAL? _____
I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

\$ _____

for payment

Squadron _____

Email Address _____ Transmit \$ _____

Detachment of _____

Signed _____ Eligibility certified by _____
By Applicant or Parent)

Mail completed application to Sidney American Legion Post 217, P.O. Box 297, Sidney, Ohio 45365 or drop off at the canteen at 1265 Fourth Ave., in Sidney. Please include a check for \$35 made out to Sidney American Legion Post 217 - Membership.

Membership pending approval of application.