



Sons of The American Legion Membership Application

N.A. Blanchard Post 1040

Delmar, New York



Please print legibly

Date: _____

Recruited / Sponsored by: _____
Print name of sponsoring member if you are joining this post OR "Transfer/Post No." if you are transferring.

Name: _____
First M.I. Last

Address: _____
Street City State Zip Code

E-mail Address: _____

Telephone: _____ Birth Date: _____

MEMBERSHIP ELIGIBILITY

All male descendants, adopted sons and stepsons of members of The American Legion, and such male descendants of Veterans who died in service during World War I, World War II and Korean War, the Vietnam War, Lebanon, Grenada, Panama and the Persian Gulf War, during the delimiting periods set forth in Article IV, Section 1 of the National Constitution of the American Legion, or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of the American Legion.

Name of **Veteran** through whom eligibility is established: _____

Veteran is a member in good standing of Post No. _____ Dept. of _____
OR

Veteran is deceased and served honorably from _____ to _____

Relationship of Applicant to **Veteran** listed above: _____

Has Applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ 20.00 as my annual membership dues.

Signed: _____ *Membership certified by*

MEMBERSHIP APPLICATION RECEIPT – SONS OF THE AMERICAN LEGION

Date: _____



Applicant Name: _____ has submitted an application and \$20.00 dues.

Membership meetings are held on the second

Received by: _____

Wednesday of each month.