

## 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) **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)
- 9) **Have you been a previous member of the SAL? Where?**
- 10) **Sign application** if 18 years of age, otherwise have a parent or guardian sign application.
- 11) That's all there is.

APPLICATION FOR MEMBERSHIP		Sons of The American Legion		DATE	1
Detachment of	2	Squadron No.	3	Birth Date	4
Name	5	Recruited by	6		
(First)	7	(Initial)	(Last)	(Initial)	(Last)
Address	(Street)	(City)	(State)	(Zip)	(Telephone)
Veteran through whom eligibility is established	8				
(a) Above is a member in good standing of Post No.	8A	Dept. of			
OR (b) Above is a deceased veteran who served honorably from	8B	to			
(c) Relationship of Applicant to Veteran	8C				
Has Applicant previously been a member of the SAL?	9	Where?			
I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ _____ as annual membership dues.					
Signed	10				
		(By Applicant or Parent)			
Eligibility certified by		(Post Adjutant)			
					00-001 (1987)

RECEIPT

Date \_\_\_\_\_


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

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

For God and Country

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

By \_\_\_\_\_



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<b>Sons of The American Legion</b>		
Detachment of _____ Squadron No. _____ Birth Date _____		
Name _____ Recruited by _____		
(First) (Initial) (Last)	(Initial) (Last)	
Address _____		
(Street) (City) (State) (Zip) (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 _____		
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 \$ _____ as annual membership dues.		
Signed _____		
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Eligibility certified by _____		
(Post Adjutant)		00-001 (1987)

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