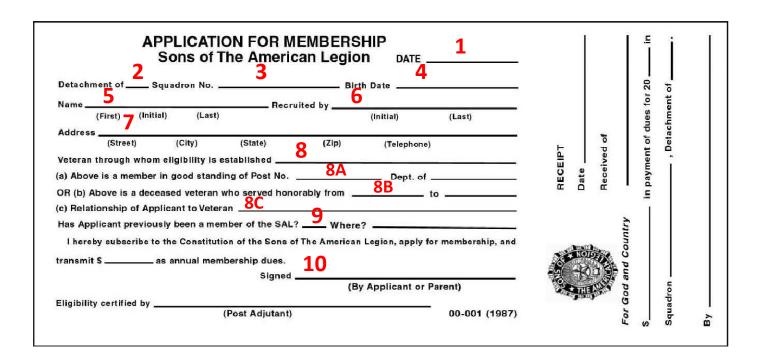
Instructions for filling out SAL application

- 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.



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Detachment of Squadron No	Birth Date	- 1	50 50
Name Recruite	ed by		Received of payment of dues for 20
NameRecruite (First) (Initial) (Last)	(Initial) (Last)		d of t of dues for
Address			of 9
	(Zip) (Telephone)	E	÷ 1 5 6
Veteran through whom eligibility is established		# I	ive live
(a) Above is a member in good standing of Post No	Dept. of	RECEIPT Date	Received
OR (b) Above is a deceased veteran who served honora	bly from to	Ē Š	ă ' <u>a</u>
(c) Relationship of Applicant to Veteran			_
Has Applicant previously been a member of the SAL? _			<u> </u>
			int
I hereby subscribe to the Constitution of the Sons of TI	ne American Legion, apply for membership, and	TO STORY	o o
transmit \$ as annual membership dues.		0 145	0
Signed		PAGE STREET	
Signed	(By Applicant or Parent)		8 8
Signed Eligibility certified by (Post Adjutant)		S THE	r God