



APPLICATION FOR MEMBERSHIP
Sons of The American Legion

Date _____

PLEASE RETURN COMPLETED APPLICATION TO:

American Legion Post 63
Attn: Post 63 SAL
P.O. Box 531
Cape Girardeau, MO 63702-0531

Detachment of _____ Squadron No. _____ Birth Date _____

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

Received from:

(First) _____ (Initial) _____ (Last) _____

Address _____
(Street) (City) (State) (Zip)

Email-Address _____ (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 _____

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

Squadron _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Transmit \$ _____ by () Check or () Money Order for annual membership dues.

Signed _____ Eligibility certified by _____
(By Applicant or Parent) (Post Adjutant)

