

# Sons of The American Legion Membership Application

Date \_\_\_\_\_

Detachment of MA Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_  
(First) (Initial) (Last) (Initial) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail Address \_\_\_\_\_ 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 \_\_\_\_\_

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

Signed \_\_\_\_\_  
(By Applicant or Parent)

Eligibility certified by \_\_\_\_\_  
(Post Adjutant)

00-001 (2003)

**RECEIPT**

Date \_\_\_\_\_

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

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

**For God and Country**

\$ \_\_\_\_\_

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

By \_\_\_\_\_



## 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 or since December 7, 1941, 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.

There shall be no form or class of membership except an active membership.

## Instructions

1. Please complete form completely and accurately
2. Save as Acrobat "PDF" with Last Name as part of file name
3. Use saved PDF or print it and provide to Post/Squadron Membership Chairman with supporting documentation (e.g. DD Form 214) and dues.
4. If you do not know the location of a Squadron in your area, then follow steps below:
  1. Attach completed membership application to email (**Do Not** Include DD Form 214).
  2. Send email with attached membership application addressed to [membership@salmass.org](mailto:membership@salmass.org)