



## Sons of The American Legion Membership Application

Today's Date \_\_\_\_\_

Detachment of AZ Squadron No. 91

Birth Date \_\_\_\_\_

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

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

Telephone \_\_\_\_\_  
(Home) (Cell)

E-Mail \_\_\_\_\_

Veteran through whom eligibility is established:  
\_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_ Department of \_\_\_\_\_  
(State)

**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? \_\_\_\_\_

If so where? \_\_\_\_\_ Squadron No. \_\_\_\_\_

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

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

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

<input type="checkbox"/> Dues for Jr SAL (birth-18yrs) \$10	<b>Stop by Post 91 or mail application and dues to:</b> Wayne V. McMartin SAL Squadron 91 PO Box 7198 Chandler, AZ 85246-7198
<input type="checkbox"/> Dues for Sr SAL \$22	
<input type="checkbox"/> Dual membership \$10	