



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Date _____

Detachment of _____ Squadron No. _____ Birth date _____

Name _____ Recruited by _____
First Initial Last Initial Last

Address _____
Street City State ZIP Phone

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? _____

Transferring to 694? Old Squadron # _____ State _____ Membership # _____ Years of continuous membership _____ Year currently paid _____

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

Transmit \$ _____ for 20 _____ annual membership dues

Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

Mail completed application and payment The American Legion Post 694, PO Box 565, Marina, CA 93933.

As of 2022, dues are \$12 per year for under 18 years of age and \$20 per year for 18 and older. Annual dues must accompany completed application.

D17010

DUES RECEIPT (Please Print)

_____ Date

_____ Received From

\$ _____ for 20 _____ Dues

_____ Squadron No.

_____ Department of