



Membership Application

Sons of The American Legion Squadron 133



Date _____

Name _____ DOB _____ 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 _____

I hereby subscribe to the Constitution of The Sons of The American Legion, apply for membership and transmit \$10.00 as annual membership dues.

Signed _____
(By Applicant or Parent)

Eligibility Certified by _____ Date _____
(Post Adjutant)