



Membership Application

Sons of the American Legion Squadron 133
41614 W. Smith-Enke Rd. Ste. 110
Maricopa, AZ. 85138

Date:

Name:

If a Legion Member What is your Legion Number:

D.O.B.:

Address:

City, State and Zip:

Email:

Telephone:

Recruited By:

Veteran through whom eligibility is established:

Relationship and Name:

Above is a Legion member in good standing at: Post #:

Dept. of:

Veteran is a deceased Veteran who served from:

To:

Signed (applicant or parent) _____

Eligibility Certified By: _____ Date:

(Post Adjutant)

This is a fillable form, click and type answers.

Print, Sign and submit to Post with \$20.00 annual dues