

Membership Application



Sons of the American Legion Squadron 133

Date:

Name:

D.O.B:

Address:

City, State and Zip:

Email:

Telephone:

Recruited by:

Veteran through whom eligibility is established:

Above is a member in good standing of post no.

Dept. of: Or above

Veteran is a deceased Veteran who served honorably

From:

To:

Signed: \_\_\_\_\_

(By Applicant or Parent)

Eligibility Certified by \_\_\_\_\_ Date:

(Post Adjutant)

This is a fillable form, click and type answers.  
Print and submit to Post with \$10.00 as annual membership dues.