



# SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Detachment of **Illinois** Squadron No. **Springfield #32** 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? \_\_\_\_\_

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

Email Address \_\_\_\_\_ Transmit \$ **20.00** for 20 \_\_\_\_\_ annual membership dues

Signed By Applicant (or Parent) \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

**Mail completed application to Sons of the American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address go to The American Legion Department/state headquarters, or [www.legion.org](http://www.legion.org).**

ALA 11/2011

**Please fill out your application and mail it along with a check for \$20.00 made out to S.A.L. Squadron #32 to:**

**Sons of The American Legion  
Squadron #32  
1120 Sangamon Avenue  
Springfield, Illinois 62702-1853**

**THANK YOU!!!**