# Sons of The American Legion

## APPLICATION FOR MEMBERSHIP

Date_____

Detachment of PA Squadron No. 0927 Birth Date_____

Name_____ Recruited by_____

(First) (Initial) (Last) (Initial) (Last)

Address _____

(Street) (City) (State) (Zip) (Telephone)

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, and apply for membership.

Email Address_____ Transmit $ 25

Signed_____ Eligibility certified by _____

By Applicant (or Parent)

*For Veteran's DD214 Discharge Papers Go To: https://www.archives.gov/veterans/military-service-records*

# MEMBERSHIP ELIGIBILITY

All male descendants, adopted sons and stepsons of members of the American Legion, and such male descendants of Veterans who received an Honorable Discharge or who died while on active duty serving from April 6th, 1917 - November 11th, 1918, and any time after December 7th, 1941, persuant to the LEGION Act of August, 2019.

SQDN 927

## Questions?

## CONTACT: Membership Chair

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