

APPLICATION FOR MEMBERSHIP
Sons of the American Legion Squadron No. 171



Detachment of New Jersey
Birth Date _____

Applicant's Name:

(First) (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? _____ Squadron _____

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

Recruited by _____

Signed _____
(By Applicant or Parent)

Eligibility certified by _____