

Squadron 43- 2nd Division - 11th District

Sons of The American Legion Membership Application

Detachment of IL Squadron No. 43 Birth Date _____ Date _____

Name _____ Recruited by _____
(First) (Initial) (Last) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip)

E-mail Address _____ Telephone _____

Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No _____, Dept. of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of Applicant to Veteran _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ 20.00 as annual membership dues.

Signed _____
(By Applicant or Parent)

Eligibility certified by _____
(Post Adjutant) 00-001 (2013)

RECEIPT



Date _____ Received of _____
\$ _____ in payment of dues for 20 _____ in _____
Squadron _____ Detachment of _____
By _____