



☐ New ☐ Renewal

The American Legion Membership Application

Today's Date _____ Detachment of AZ Squadron No. 68

Birth Date _____

Name _____
(First) (Initial) (Last)

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

Telephone _____
(Home) (Cell)

E-Mail _____ Recurited By _____

Veteran through whom eligibility is established:

(a) Above is a member in good standing of Post No. _____ Department of _____
(State)

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? _____

If so where? _____ Squadron No. _____

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

Eligibility certified by _____
(Post Officer) (By Applicant or Parent)

Dues for Sons \$15

Stop by Post 68 or mail application and dues to:
4724 S. 12th Ave. Tucson, AZ 8571