

**Country** 

Sons of The American Legion Squadron 365 1234 South Santa Fe Avenue Vista, CA 92084 (760) 726-0472

## **Membership Application**

		Applicant Inform	nation	
Full Name:			Date:	
Address:	Last	First	Initial	
riddiess.	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email		
Date of Birt	h (DOB):			
Applicant S	ignature:			
American L	egion Referral Name:			
	_	Last Eligibility	First	
Veteran thi	rough whom eligibi			
(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	
OR –	(c) Relationship of	Applicant to Veteran		
Has Applicant previously been a member of the SAL?			Where?	
		he Constitution of the Sons of the anual membership dues.  Signature		•
Eligibility certified by			(by Applicant or Parent)	
Liigibiiity		Adjutant)		
		Membership Elig	ibility	
who died in the Persian American L	service during World Gulf War, during the egion, or who died su	ns and stepsons of members of The Ard War I, World War II, and Korean We delimiting periods set forth I Articlabsequent to their honorable discharge. (See reverse for eligibility dates)	Var, the Vietnam War, Let le IV, Section 1, of the N	banon, Grenada Panama, and National Constitution of The
allb.		RECE	EIPT	
30NS ON FILE	Date:			
W !	Received of:			
TO AND THE REAL PROPERTY.	Amount: \$	In payment of dues for 20	in Squadron,	
For God	<u> </u>		<u> </u>	
and	Bv·			