



Please return completed application to:
 The American Legion
 James Ely Miller Post 833
 51 Juniper Avenue
 Smithtown, NY 11787
 Att: Cmdr. Donna Kearney

0833NY

SONS of THE AMERICAN LEGION Application for Membership

Detachment of _____ Squadron No. _____ 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 \$ _____

Signed _____ Eligibility certified by _____

(Applicant or legal guardian if under 18)

DUES RECEIPT
 (Please Print)

Date _____

Received from: _____ \$ _____ for 20 _____ dues

Squadron _____ Detachment of _____