



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

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: Name _____ Branch of Service _____

If Living: _____
 American Legion Member ID # _____ Post No. _____ Department of _____

Deceased—If veteran is deceased, contact SAL Squadron about the necessary military records.
 For Veteran’s DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

- WWI (4/6/1917-11/11/1918)
- Anytime After 12/7/1941 (check all that apply):
- Global War on Terror Panama Vietnam WWII
- Gulf War Lebanon/Grenada Korea Other Conflicts

Applicant’s Relationship to the Veteran:

- Son Grandson Great Grandson Adopted Son Step Son

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 _____