



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: _____

Squadron _____

\$ _____ for 20 _____ dues

Detachment of _____

2024-NY