

Sons of The American Legion Membership Application

Detachment of _____ Squadron No. _____ Birth Date _____ Date _____

Name _____ Recruited by _____
(First) (Initial) (Last) (Initial) (Last)

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

E-mail Address: _____ Telephone: _____

Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____, Dept. of _____

OR (b) Above is a deceased veteran who served honorable from _____ to _____

(c) Relationship of Applicant to Veteran _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ _____ as annual membership dues.

Signed _____
(By Applicant or Parent)

Eligibility certified by _____
(Post Adjutant)

04-2007

Contact Department Headquarters 888-534-4667

MEMBERSHIP ELIGIBILITY

All male descendants, adopted sons and stepsons of members of The American Legion, and such make descendants of veterans who died in service, Grenada, Panama, and the Persian Gulf War, during the delimiting periods set forth in Article IV, Section I, of the National Constitution of The American Legion, or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of The American Legion

**Mail Application to: The American Legion
Department of West Virginia, INC
P.O. Box 3191
Charleston, WV 25332**