



SONS OF THE AMERICAN LEGION
MEMBERSHIP APPLICATION

YES! I'M ELIGIBLE TO BE A MEMBER OF THE SONS OF THE AMERICAN LEGION. MY \$8.00 CHECK MADE PAYABLE TO SONS OF THE AMERICAN LEGION, DETACHMENT OF SOUTH CAROLINA IS ENCLOSED.

MEMBERSHIP ELIGIBILITY

ALL MALE DESCENDANTS, ADOPTED SONS AND STEPSONS OF MEMBERS OF THE AMERICAN LEGION, AND SUCH MALE DESCENDANTS OF VETERANS WHO DIED IN SERVICE DURING WORLD WAR I, WORLD WAR II, AND KOREAN WAR, THE VIETNAM WAR, LEBANON, GRENADA, PANAMA, AND THE PERSIAN GULF WAR, DURING THE DELIMITING PERIODS SET FORTH IN ARTICLE IV, SECTION 1, 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.

**APPLICATION FOR MEMBERSHIP
Sons of The American Legion**

Date _____

DETACHMENT OF _____ SQUADRON No. _____ BIRTH 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. _____ DEPARTMENT OF _____

OR (B) ABOVE IS A DECEASED VETERAN WHO SERVED HONORABLY 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 2005 ANNUAL MEMBERSHIP DUES.

ELIGIBILITY CERTIFIED BY _____ SIGNED _____
(POST ADJUTANT) (BY APPLICANT OR PARENT)

PLEASE RETURN COMPLETED APPLICATION AND A CHECK FOR \$8.00 TO:

SONS OF THE AMERICAN LEGION
P.O. Box 3309
IRMO, SC 29063