

**SONS OF THE AMERICAN LEGION**  
**2016 MEMBERSHIP APPLICATION**  
**Detachment of Georgia, Squadron 154, Tybee Island, Georgia**

**\*(Please Print)\***

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*[First] [Middle Name or Initial] [Last]*

Recruited By \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*[Include City, State and Zip Code]*

Physical Address \_\_\_\_\_  
*[If Different]*

E-Mail \_\_\_\_\_ Home Phone# \_\_\_\_\_  
*[Be Case Specific] [Include Area Code]*

Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_  
*[Include Area Code] [If Appropriate]*

**\*(Please Read Membership Eligibility Statement on Back of This Form)\***

I am the son, adopted son, or stepson \_\_\_\_\_, of U.S. \_\_\_\_\_  
*(This also includes Grands & Great Grans, etc.) (Specify One) (Branch of Service)*

Veteran \_\_\_\_\_ who served honorably  
*( Full name / Male or Female)*

From \_\_\_\_\_ to \_\_\_\_\_  
*(Approximate Dates are Acceptable)*

Is your veteran deceased? \_\_\_\_\_  
*(Yes, No or Unknown)*

Is your veteran a member in good standing of the American Legion? \_\_\_\_\_  
*(Yes, No or Unknown)*

What is your veteran's Post No. if known? \_\_\_\_\_

I hereby subscribe to the Constitution of The Sons of The American Legion, apply for 2016 membership, and transmit \$25.00 as annual [July 1, 2015 till June 30, 2016] membership dues.

Signed \_\_\_\_\_ Date \_\_\_\_\_