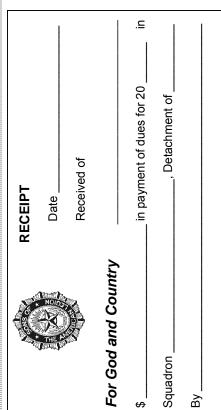
Sons of The American Legion Membership Application				
	Date			
Detachment ofSquadron No	Birth Date			
Name(First) (Initial) (Last)	Recruited by	(Initial)	(Last)	
Address(Street)	(City)		(State)	(Zip)
E-mail Address	Telephone			
Veteran through whom eligibility is established				
I hereby subscribe to 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)				00-001 (2003)



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.