

# SAL MEMBERSHIP APPLICATION

Fill out the form below and drop it off at the American Legion, or send it in, along with your Membership Dues, which is \$25 for the year.

American Legion Post 372, 1532 Martin Ave., Cherry Hill, NJ 08002

856-665-3889 \* [www.alch372.com](http://www.alch372.com)

Should you have any questions contact Jim Ihlenfeld or Jim Arcinese ([jammr@aol.com](mailto:jammr@aol.com))

## APPLICATION FOR MEMBERSHIP

### Sons of The American Legion

Date \_\_\_\_\_

### RECEIPT

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_  
(First) (Initial) (Last) (Initial) (Last)

Received from: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (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 \_\_\_\_\_

for payment

(c) Relationship of Applicant to Veteran \_\_\_\_\_

Has Applicant previously been a member of the SAL? \_\_\_\_\_ Where? \_\_\_\_\_

Squadron \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_

Detachment of \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

By Applicant or Parent)