

Please return completed application to:



American Legion  
473 O'Connell Street  
Boston, MA 02118

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MEMBERSHIP APPLICATION

UQUQHVJ G'CO GTECP'NGI KQP

Fgrctw gpv'qhlP gy 'J co ruj kt g'Us wcf tqp'P q04

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Veteran through whom eligibility is established

\_\_\_\_\_

Above is a member of Post \_\_\_\_\_ Department of \_\_\_\_\_

Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

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.

\_\_\_\_\_  
(Signature)

Eligibility certified by: \_\_\_\_\_  
(Post Adjutant)