



Sons of the American Legion . Detachment of Georgia, Squadron 154
2017 DUAL MEMBERSHIP APPLICATION . FOR ACTIVE LEGIONNAIRES
 mailing address- PO Box 385 . Tybee Island Georgia 31328

. . . Please Print . . .

Name _____ Date of Birth _____
First, Middle Name or Initial, Last

Mailing Address _____
Street, PO Box, City, State, Zip

Physical Address If Different From Above _____

E-Mail _____ Home Phone (_____) _____

Cell Phone (_____) _____ Work Phone (_____) _____
optional . . .

I am a veteran of the U.S. Branch Of Service: _____

having served honorably from _____ to _____ and am currently a member in good standing of

American Legion Post# _____ Dept of _____ Member # on Legion Card _____

circle one . . .

I am also the son, adopted son, or stepsonof U.S. Branch Of Service: _____
 grandson, great grandson

Veteran's Full Name _____ who served honorably
 male or female . . .

From _____ to _____
approximate dates accepted

Is your veteran deceased? circle one . yes / no / unknown

Is your veteran a member in good standing of the
 American Legion? circle one . yes / no / unknown

What is your veteran's Post Number if known?
 Post- _____

. . . 2017 DUAL MEMBERSHIP ELIGIBILITY . . .

Active members of the American Legion, Legionnaires,
 are automatically eligible to become members of the
 Sons of the American Legion, SAL, under
 dual membership status..




I hereby subscribe to the Constitution of The Sons of the American Legion, apply for 2017 membership, and
 transmit \$10.00 as annual (July 1, 2016 until June 30, 2017) membership dues.

Signed _____ Date _____