



Sons of the American Legion Saddleback Valley Squadron 862

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Membership Application

New Membership Transfer from another Squadron Renewal Reinstatement of Membership

(Please check the appropriate box above)

Date of Application: ____/____/____ Amount Enclosed: \$____ (Annual Membership - \$25.00)

Contact / Personal Information

First Name: _____ Middle Init: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone - Day: (____) _____ Night: (____) _____

Email Address: _____ Profession/Trade/Occupation: _____

Date of Birth: ____/____/____ Gender: Male Female Blood Donor: Y - N Type: _____

Eligibility Information

Veteran's name through eligibility is established _____

If living:

The above individual is in good standing with Post _____, Department (State) _____

If deceased:

Honorably served from _____ to _____

Branch of Service: Air Force Army Coast Guard Marine Corps Navy Other: _____

Relationship to above mentioned veteran: _____

Transfer Information (Transfers Only)

SAL Membership ID #: _____ Squadron Name/No: _____

Membership Type: Annual PUFL Other: _____

Payment Information (Check all that apply)

Current Year Membership Fee: \$25.00 Other: \$_____ in payment of _____

Dual membership with Post _____

Membership Eligibility Criteria

All male descendants, adopted sons and stepsons, grandsons and great-grandsons of members of the American Legion and/or such male descendants of veterans who died but served at least one day of active duty during the dates indicated below and was honorably discharged. Proof of the Veteran's active membership in the American Legion for those alive and proof of military service, DD-Form 214 and Death Certificate is required.

- World War I April 6, 1917 to November 11, 1918
- World War II December 7, 1941 to December 31, 1946
- Korean War June 25, 1950 to January 31, 1955
- Vietnam War February 28, 1961 to May 7, 1975
- Lebanon / Grenada August 24, 1982 to July 21, 1984
- Operation Just Cause - Panama December 20, 1989 to January 31, 1990
- Operation Desert Shield/Storm August 2, 1990 to (No closing date established)
- U.S. Merchant Marines eligible from December 7, 1941 to August 16, 1945 only

I certify that the named individual for whom I am eligible, served at least one day of active duty during the dates marked above and was honorably discharged.

I also certify that I do not subscribe to the principles of any group opposed to our form of government.

I hereby subscribe to the Constitution of the Sons of the American Legion and apply for Membership, and I swear and affirm that the foregoing is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Recruited by: _____

Office Use Only

Eligibility Verified Service Era Qualified Membership Approved ____/____/____

Check No: _____ Dated: ____/____/____ Cash Amount: \$_____

Database Entry: ____/____/____ Transmittal Date: ____/____/____ Card Sent: ____/____/____

Notes:
