

APPLICATION FOR MEMBERSHIP Sons of The American Legion Squadron Star Post 309

Detachment of California – District 17 – Squadron No.309

Birth Date			
Name <u>:</u>			
Mailing Address:			
In	clude city, state, and zip cod	9	
Email:		Phone:	
Name of Veteran through wh Check one:			
(a) Above is a member in goo	od standing of Post No	Department of	
OR (b) Above is a deceased	veteran who served honorab	ly from	_ to
Relationship of Applicant to \	/eteran		
If Applicant has previously be	en a member of the SAL, inc	licate which Sqaudron	n:
By my signature, I hereby su for membership.	bscribe to the Constitution of	the Sons of the Amer	ican Legion and apply
Preamble Proud possessors of a priceless he together as "Sons of The Americar States of America; to maintain law memories of our former members a a sense of individual obligation to t masses; to make right the master of the principles of justice, freedom a helpfulness; to adopt in letter and s carrying on for God and Country.	n Legion" for the following purposes and order, to foster and perpetuate and the associations of our membe the community, state and nation; to of might; to promote peace and goo and democracy; to consecrate and so	eterans of the Great Wars, so to uphold and defend the atrue spirit of Americanishs and our forefathers in the combat the autocracy of bod will on earth; to safeguate anctify our friendship by o	associate ourselves le Constitution of the United le Constitution
Signature:		Date:	
(If minor under 18 Annual Dues \$20 Eligibility certified by	, parent sign)		