



American Legion Post 107

20001 N. Cave Creek Rd
Phoenix, AZ 85024



Sons of the American Legion Application for Membership

Date of Application: _____

Detachment of _____ Squadron No. _____

Birth Date _____ Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Recruited by _____

Veteran's Name through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____ Department of _____

(b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of Applicant to Veteran _____

Has Applicant previously been a member of the SAL? Yes No

Where? _____ Squadron _____

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

Transmit \$ _____ as 2011 annual membership dues.

Signed _____
Applicant or Parent

Eligibility certified by _____

Irving B. Selmer American Legion Post 107 - SAL Squadron 107 RECEIPT

Date: _____ Received From: _____

\$ _____ for payment of _____ Dues

Squadron _____ Detachment of _____