



MEMBERSHIP APPLICATION

POST #1 SONS OF THE AMERICAN LEGION

849 N. Main St., PO Box 494
Laconia, NH 03246
(603) 524-9728



First Name: _____ MI: _____ Last Name: _____
Address1: _____
Address2: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Telephone: _____ Alternate Phone or cell: _____
Email: _____ Recruiter: _____

Membership Eligibility: All male descendants, adopted sons, and stepsons of members of The American Legion, and such male descendants of veterans who died in service during World War I or since December 7, 1941, during the delimiting periods set forth in Article IV Section 1 of the National Constitution of The American Legion, or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of the American Legion.

Veteran through whom eligibility is established: _____

Circle Branch: USA, USN, USAF, USMC, USCG, USMM

- (a) ☐ Above is a member in good standing of Post No 70, Dept. of New Hampshire, or:
(b) ☐ Above is a deceased veteran who served honorably from _____ to _____.
(c) Relationship of Applicant to Veteran: _____

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

Signed: _____ Date: _____
(By Applicant or Parent)

Eligibility certified by _____, Post Adjutant

Please complete, print out, sign this application, and return with your check for annual membership dues of \$25 made payable to Sons of the American Legion Squadron #1 and mail to the above address. Include a copy of the Veteran's DD-214 Honorable Discharge. If you do not have one, you may request a copy online at: <https://vetrecs.archives.gov/VeteranRequest/home.html#BasicInformation> then click on "Make a new request"