

Please return completed application to:



Sons of the American Legion Squadron 199
ATTN: S.A.L. Membership
P.O. Box 603
10700 Campbell Rd.
Harrison, OH 45030

Sons of The American Legion
Squadron 199
Membership Application

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip:

Phone:

Birth Date:

Email Address:

Veteran through whom eligibility is established

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

OR (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? _____ Where? _____

Signature of Applicant: _____ Date: _____

Eligibility certified by: _____
(Post Adjutant)

Payment for S.A.L. membership is done strictly at the Squadron level. The Squadron receiving this application for membership will contact the applicant for payment and proof of eligibility.