

## SONS of the AMERICAN LEGION - POST 199, Eastern Shore Application for Membership \* 2026

**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."

**\* ALL FIELDS ARE REQUIRED (LEGIBLY COMPLETED), WITH PROOF OF ELIGIBILITY and PAYMENT \***

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**\_\_\_ New Member**

**Required:** Veteran-**Ancestor** Relative Through Whom Eligibility is Established

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_, Dept. of \_\_\_\_\_  
**(REQUIRED: Attach veteran's current American Legion Card.)**

OR

(b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_  
**(REQUIRED: Attach veteran's DD 214 [Available at archives.gov] or equivalent.)**

\_\_\_ **Renewal\*** (\* Note: **\$55** fee, below, if lapsed—i.e. renewing after **January 1.**)

\_\_\_ **Transfer (REQUIRED):** Member # \_\_\_\_\_ Squadron # \_\_\_\_\_ State \_\_\_\_\_

**Membership Cards must be picked up at the Canteen bar. Ask your bartender!**

<b>RENEWAL</b> for Members		<b>NEW</b> Members
in <u>Good Standing</u> :	\$ <b>40.00</b>	& <u>LAPSED</u> Members \$ <b>55.00</b>
Additional Donation	_____	_____
(optional)	_____	_____
<b>Total Submitted*</b>	\$ _____	\$ _____

**Dues MUST accompany applications and may be paid at the Post bar or by check and mailed to:  
Sons of the American Legion, PO Box 604, Point Clear, AL 36564**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Date